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PRESCRIPTION MEDICAL FORM FOR CHILD PARTICIPANT

This form should be filled out for each prescribed medication the student will be taking. Accurate counts of all medications should be taken before and after the course in the presence of the head chaperon. This form is placed in the student's file and a copy is taken into the field for the program duration.

Program _____ Program Dates _____

Student Name _____ School Name _____

Doctor's Name _____ Phone (_____) _____

Parent or Guardian Name(s) _____ Phone (_____) _____

MEDICATION	SYMPTOMS REQUIRING MEDICATION	DOSAGE	FREQUENCY/SPECIAL INSTRUCTIONS

Side effects (reactions to food, dehydration, sun, stress, iodine, other medications, decreased balance, or ability to concentrate, increased motor activity, etc.):

Other important information about this medication is helpful since there may not be easy access to medical information and facilities:

SEND: Small envelopes or ziploc baggies for each medication. Enclose one (1) day of medication in each envelope or baggie.

- LABEL EACH ENVELOPE:**
- (1) Day of the week
 - (2) Child's name
 - (3) Name of medication
 - (4) Dosage and time to be taken
 - (5) Prescribing doctor's name and phone number

PLEASE PLACE ALL OF THE CHILD'S MEDICATIONS TOGETHER, LABELED AND PACKAGED AS PER INSTRUCTIONS ABOVE.

PLACE IN ONE ZIPLOC PLASTIC BAG WITH CHILD'S NAME ON THE BAG.

Please send essential medications only.

Please understand the importance of honest and accurate disclosure. Incomplete or misrepresented information may impact your child's well being.