University Student Ministry

Medication Administration Information Sheet

- Medication must be provided in the original container from the pharmacy. (You can get an extra container from your pharmacy)
- Medication will be given per the instructions on the bottle
- If your student is taking medication in a way different from the label on the bottle we must have a note signed by the student's healthcare provider
- Consider only sending the number of doses needed for the event so you do not have to retrieve the bottle at pick-up
- Do not send "over the counter" medication with your student. The nurses will provide "over the counter" medication

Our nurses look forward to caring for your student. Please know that we are available by phone before the event if you would like to discuss your student's healthcare needs. All information is confidential. If you have any questions please call the student ministry office.

Student Ministry Medication Cover Form

Student Name:	
Age:	
Allergies:	
Last tetanus:	
Medications student	
should <u>not</u> receive:	
Healthcare provider's	
name and phone	
number:	
Student's Parent	
Name:	
Student's Parent	
Telephone Number:	
Alternate emergency	
contact:	
Pertinent health	
history:	

MEDICATION LIST FOR	Student first and last name.
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Complete form entering name of medication, dose & reason medication prescribed, then note administration time. Inhalers and epi-pens may be kept with student but must be on medication list.

*****COMPLETE FIRST 2 COLUMNS ONLY*****			*****DO NOT WRITE BELOW*****														
Medicine Name, Dose, & Reason Prescribed	Time Date taken per day																
	□□Breakfast □□Lunch □□Dinner □□Bedtime □□As needed	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B
	□□Breakfast □□Lunch □□Dinner □□Bedtime □□As needed	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B
	□□Breakfast □□Lunch □□Dinner □□Bedtime □□As needed	B L D B	B L D B	B L D	B L D B												
	□□Breakfast □□Lunch □□Dinner □□Bedtime □□As needed	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B
	□□Breakfast □□Lunch □□Dinner □□Bedtime □□As needed	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B
	□□Breakfast □□Lunch □□Dinner □□Bedtime □□As needed	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B	B L D B