

Christ Community Church
YTH Citywide Medication Form

Please complete, sign, and date this form for each student attending this event. Completed form must be turned in upon arrival in order to attend. Leave the shaded area blank for our medical team to use. All medications (prescribed and over-the-counter) need to come in original packaging with the student's name on them.

Student Information		
First Name	Last Name	Home Phone
Gender	Date of Birth	Grade
Group Information		
Group Name		Leader's Name

Medication Name	Dosage	Time	Sun	Mon	Tues	Wed	Thurs	Comments
		Breakfast						
		Lunch						
		Dinner						
		Bedtime						
		Other						
		As Needed						
Medication Name	Dosage	Time	Sun	Mon	Tues	Wed	Thurs	Comments
		Breakfast						
		Lunch						
		Dinner						
		Bedtime						
		Other						
		As Needed						
Medication Name	Dosage	Time	Sun	Mon	Tues	Wed	Thurs	Comments
		Breakfast						
		Lunch						
		Dinner						
		Bedtime						
		Other						
		As Needed						
Medication Name	Dosage	Time	Sun	Mon	Tues	Wed	Thurs	Comments
		Breakfast						
		Lunch						
		Dinner						
		Bedtime						
		Other						
		As Needed						

Medication Release	
I hereby give permission for Christ Community Church staff/adult leaders to assist my child to take the following medications according to the directions on this form. For medication(s) that are marked "as needed," my child is responsible to go to a Christ Community Church staff/adult leader to request medication.	
Parent/Guardian Signature	Date

