

FOCUS WEEKEND
April 8-10

Medication Check-In Form

Participants Name _____ Date of Birth _____

Important: All medications must be in the original pharmacy packaging, with appropriate prescription labels. Please do not send medication that has expired. Hand written instructions by the parent must accompany any medication (prescription or non-prescription). Please write these instructions on the **BACK of this form**. Important: *If medication is taken at times other than meal times but can be adjusted to meal times for the weekend, it would be very helpful for dispensing. For the safety of all participants, all medications, (including non- prescription) must be checked-in with our designated personnel, They will be stored and dispensed by Host Homes throughout the weekend (except in cases when personal possession is necessary, e.g. - an inhaler).

List all medications brought on this trip. Attach additional paper as necessary. Keep medications in original packaging; prescription original packaging must identify the prescribing physician, medication name, dosage, and frequency of administration. SPECIAL NOTES CAN BE MADE ON THE BACK OF THIS FORM.

My child takes NO routine medications. My child takes medications as follows:

Med. #1 _____ Reason for taking _____ Side effects: _____
Time _____ Dosage _____ Time _____ Dosage _____
Time _____ Dosage _____ Note: _____

Med. #2 _____ Reason for taking _____ Side effects: _____
Time _____ Dosage _____ Time _____ Dosage _____
Time _____ Dosage _____ Note: _____

Med. #3 _____ Reason for taking _____ Side effects: _____
Time _____ Dosage _____ Time _____ Dosage _____
Time _____ Dosage _____ Note: _____

Parent Signature _____ Date _____

Hm # (____) _____ Cell # (____) _____ Wk # (____) _____