

INSTRUCTIONS FOR DISPENSING MEDICATION

Dear Parent/Guardian:

To assure your teen's safety and health, we are asking for your instructions regarding all medication(s) that your teen needs to take while attending the SCUCA Teen Event listed below.

Please, provide one zip lock bag with your teens name in large print on the outside containing this form and the medications in their original container to the Adult Leader traveling with your teen. This Adult Leader will be responsible for the dispensing of the medications while with your teen on this outing. Thank you.

TEEN NAME: _____

DATE: _____ EVENT: _____

PARENT/GUARDIAN NAME: (Please print) _____

PARENT/GUARDIAN SIGNATURE: _____

HOME: _____ CELL: _____

Please list instructions for any medication you are providing to be dispensed to your teen at the SCUCA Teen Event he/she is attending:

Medication	Medical Condition	DOSAGE: Frequency and time of day	Notes

Please remember to turn in any prescription medication (except inhalers that the teen will need to carry at all times) to the Adult Leader traveling with your teen. The medication must be in the original container with this form in a labeled bag.

South Central Unity Churches Association Teen Consultants
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