

# Prescription Medication Form

Effective Until August 2023

All students and parents must complete and return this form before they are able to attend any event put on by Ormsby Heights Student Ministry. **We cannot dispense Acetaminophen/Ibuprofen without this form.** All students should turn in clearly marked prescription medications upon arrival.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Medical or other allergies: \_\_\_\_\_

Medication to be taken during event:

Time: \_\_\_\_\_ Medication & Dosage: \_\_\_\_\_

Time: \_\_\_\_\_ Medication & Dosage: \_\_\_\_\_

Time: \_\_\_\_\_ Medication & Dosage: \_\_\_\_\_

Time: \_\_\_\_\_ Medication & Dosage: \_\_\_\_\_

Time: \_\_\_\_\_ Medication & Dosage: \_\_\_\_\_

Time: \_\_\_\_\_ Medication & Dosage: \_\_\_\_\_

My child may be given Acetaminophen:            Yes            No

My child may be given Ibuprofen for minor pain/headache:            Yes            No

I hereby give permission for this medical information to be shared on a a need to know basis.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Witness Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date