

**Medication Directions Form**

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

\*\*\*\*Please turn in all medication during check-in at Bethany, in a labeled gallon-sized bag, along with this form. There will be a separate table for someone taking meds.

**Prescription Medicine (regularly scheduled):**

1. Name of medicine: \_\_\_\_\_  
Time(s) of administration(s): \_\_\_\_\_  
Conditions (i.e., with food, before bed, 20 minutes after rising, etc.): \_\_\_\_\_

\_\_\_\_\_

2. Name of medicine: \_\_\_\_\_  
Time(s) of administration(s): \_\_\_\_\_  
Conditions (i.e., with food, before bed, 20 minutes after rising, etc.): \_\_\_\_\_

\_\_\_\_\_

3. Name of medicine: \_\_\_\_\_  
Time(s) of administration(s): \_\_\_\_\_  
Conditions (i.e., with food, before bed, 20 minutes after rising, etc.): \_\_\_\_\_

\_\_\_\_\_

**Emergency Medicine (epi-pen, inhaler, etc.)**

1. Name of medicine: \_\_\_\_\_  
2. Condition/Symptoms to warrant administration: \_\_\_\_\_

\_\_\_\_\_

3. Directions for administration: \_\_\_\_\_

\_\_\_\_\_

4. Person responsible for carrying: Youth or chaperone? Location (if youth- carried, i.e. pocket, fanny-pack, etc.): \_\_\_\_\_

**Additional Information**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent signature: \_\_\_\_\_

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