

Prescription Medication Information

Place the medication in a zip loc bag and written instructions as to when it is to be administered and the dosage. Please note that this applies ONLY to prescription medication, not including fast-acting inhalers for asthma. Please give the information below.

Youth's Name: _____

Parent's Name: _____

Medication: _____

When taken: _____

Dosage: _____

Doctor's Name: _____

Doctor's Phone Number: _____

Phone number I can be reached at during **the day**:

(_____)_____

Phone number I can be reached **at night**:

(_____)_____