

UM ARMY Medication Form

STEP 1: List all medication that need to be administered while at UM ARMY. Including over-the-counter (OTC) medication.

STEP 2: Sign and place this form (with the Medication Instructions side facing out) on the inside of a zip-loc bag with all of the listed medications.

STEP 3: Send this form with student and have it ready to give to UM ARMY Safety Staff during loading. **(HAVE IT OUT OF CAMPER'S SUITCASE)**

Important:

- If you are bringing prescription medication, vitamins, or routine over-the-counter (OTC) medications, they must be in the **original pharmacy labeled container** or **the original manufacturer's container**. Send only the amount needed while at UM ARMY.
- Prescription medication must have the student's name on the prescription bottle.
- Any sample prescription medication must be accompanied by a signed physician prescription.

I declare that the information listed on this form is correct and complete. I hereby give permission for the Friendswood's UM ARMY Safety Staff to administer the medication as directed on the page below.

Parent's signature: _____ Date: _____

Fold here ↓

↓ Fold here

OVER THE COUNTER (OTC) MEDICATION

UM ARMY is allowed to give over the counter (OTC) medicine to my student. YES NO

Exception: _____

LIST ANY ADDITIONAL INSTRUCTIONS ON THE BACK OF FORM

PARENT OR GAURDIAN Name and Contact # _____

PRESCRIPTION MEDICATION [PLACE THIS SIDE UP IN A ZIP-LOC BAG WITH MEDICATION]

PLEASE PRINT STUDENT'S LAST NAME: _____ FIRST NAME: _____

ALLERGIES: _____

Drug Name	Dosage	Time of Day Given	Only @ Student Request	Special Instructions