

# MEDICATION TRANSFER

All medication (prescription and over-the-counter) to be taken by your child during this retreat must be turned into the parish representative at the time of registration, with full instructions indicated below. All medication must be in original packaging or in packaging provided by the pharmacy or doctor with instructions for administering the medication.

Student's Name: \_\_\_\_\_

Parish: \_\_\_\_\_ Group Leader: \_\_\_\_\_

Parent Names: \_\_\_\_\_

Parent Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact Name & # \_\_\_\_\_

## Medication List

1. \_\_\_\_\_ to be given \_\_\_\_\_  
#of pills provided \_\_\_\_\_ #of pills returned \_\_\_\_\_ Parent's Verification Initials Upon return \_\_\_\_\_
2. \_\_\_\_\_ to be given \_\_\_\_\_  
#of pills provided \_\_\_\_\_ #of pills returned \_\_\_\_\_ Parent's Verification Initials Upon return \_\_\_\_\_
3. \_\_\_\_\_ to be given \_\_\_\_\_  
#of pills provided \_\_\_\_\_ #of pills returned \_\_\_\_\_ Parent's Verification Initials Upon return \_\_\_\_\_
4. \_\_\_\_\_ to be given \_\_\_\_\_  
#of pills provided \_\_\_\_\_ #of pills returned \_\_\_\_\_ Parent's Verification Initials Upon return \_\_\_\_\_
5. \_\_\_\_\_ to be given \_\_\_\_\_  
#of pills provided \_\_\_\_\_ #of pills returned \_\_\_\_\_ Parent's Verification Initials Upon return \_\_\_\_\_
6. \_\_\_\_\_ to be given \_\_\_\_\_  
#of pills provided \_\_\_\_\_ #of pills returned \_\_\_\_\_ Parent's Verification Initials Upon return \_\_\_\_\_

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Mandatory Parent Signature\*

\*This gives us your permission to dispense this medication. If medication is not picked up by the end of this event, it will be discarded. Thank you and God Bless!