



MEDICATION TRANSFER DOCUMENTATION

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 Name(s): _____

Parent Primary Phone: _____ Secondary Phone: _____

In the event a parent cannot be reached:

Emergency Contact Name: _____

Emergency Contact Phone: _____

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 _____

Parent/Guardian Name _____

Parent/Guardian Signature* _____

*By signing above, you are hereby giving the parish team permission to dispense the above medication as directed on the packaging. Your signature also verifies the amount of each medication that is received by parish staff. If medication is not picked up by the end of this event, it will be promptly discarded.

Received by: _____

Received by Signature: _____