

PLAINFIELD UNITED METHODIST CHURCH MEDICATION LOG

Youth Name: _____

Physician's Name: _____

Physician's Telephone Number: _____

Parent/Guardian Name & Phone Number: _____

All prescription medications must be brought with the youth in their original containers, clearly labeled with the youth name, name of prescribing health care provider, name of medication and directions for administering the medication. Non-prescription medications must be in original packaging. All medications must be in a Zip-loc bag with the student's name on it.

In addition, the parent/legal guardian shall provide the following written instructions, and the parent/legal guardian shall have completed a PUMC Medication Authorization Form.

(Staff: Please note time given and your initials.)

Name of Medication:	S	M	T	W	H	F	S
Amount in Bottle:							
Dosage to be Given:							
Time(s) to be Given:							

Name of Medication:	S	M	T	W	H	F	S
Amount in Bottle:							
Dosage to be Given:							
Time(s) to be Given:							

Name of Medication:	S	M	T	W	H	F	S
Amount in Bottle:							
Dosage to be Given:							
Time(s) to be Given:							

Name of Medication:	S	M	T	W	H	F	S
Amount in Bottle:							
Dosage to be Given:							
Time(s) to be Given:							

Name of Medication:	S	M	T	W	H	F	S
Amount in Bottle:							
Dosage to be Given:							
Time(s) to be Given:							

Name of Medication:	S	M	T	W	H	F	S
Amount in Bottle:							
Dosage to be Given:							
Time(s) to be Given:							

PLAINFIELD UNITED METHODIST CHURCH MEDICATION LOG