

**Fountain Inn Presbyterian Church
Youth Division Event/Trip Medication Form**

Name of Youth: _____ Event/Trip date(s): ____/____/____

Event/Trip: _____

Medication Being Taken: Please list ALL medications (including over-the-counter or nonprescription drugs, **NOT** previously listed on FIPC 2017/18 Youth Division Medical/ Permission Form currently on file) which will need to be administered during this specific PYC event/trip:

- This person is taking NO medications at this time.
- This person is taking ONLY those medications currently listed on their FIPC 2017/18 Youth Division Medical/Permission Form on file. *(Please note any revisions to the dosages to be administered, if necessary)*

- This person is taking medications that will need to be administered ONLY during this event/trip as follows:

Medication #1 _____ Dosage _____
Specific times taken each day _____

Medication #2 _____ Dosage _____
Specific times taken each day _____

Medication #3 _____ Dosage _____
Specific times taken each day _____

Note: Please send enough medication to last the entire time of the event/ trip. *Medications should be placed in a Ziploc bag, in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. All medications, including over-the-counter/nonprescription, must be turned in at the start of the event or prior to the trip departure.*

Please Print/Sign:

Parent/Guardian _____ Signature _____ Date _____