



Adoptive Family & Youth Training Seminar



Prescription Medicine Administration Form

Please email a copy with registration forms and bring another copy to Nurses Station when checking child/youth in. Please use ONE form for EACH child/youth. Do not list more than one child on each form.

In order for us to accommodate your child's/youth's needs, the following is required:

1. All prescription drugs must be turned in to the staff nurse (please see floorplan for nurse's location.) Follow the directional signs to this location. **Please allow enough time before your workshop to sign your child/youth in their assigned room and drop off their medications with the nurse.**
2. Prescription medicines will only be administered by conference nurse and must be in the original prescription bottle with the child's name, doctor, dosage and times to be dispensed.
3. We must have this form signed and on file before prescriptions medicines may be administered.

Child/Teen's Name: _____ Date of Birth: ____/____/____

List below the prescription medicines that you are leaving with the nurse to be given to your child:

| Prescription Name | Dosage | Times to be taken | Administered By: |
|-------------------|--------|-------------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Briefly describe anything else you would like us to know about your child/youth (i.e., disabilities, medical conditions, behavior issues.) Please specify actual diagnosis. DO NOT use acronyms (e.g. write Attention Deficit Hyperactive Syndrome NOT ADHD.) Please indicate if you would like us to contact you for more information regarding your child(ren's) needs.

I give the designated nurse, staff for Ties That Bind Seminar, permission to administer the above prescription medicines to (child's/youth's name) : _____
According to the directions stated on the bottle.

Parent's Signature

Date