



STUDENT EVENT MEDICATION INSTRUCTIONS

Any student who requires either prescription or Over-the-Counter (OTC) medication during a Fellowship Student Ministry event is REQUIRED to check in ALL medications and the necessary forms at the MEDICATION TABLE upon checking in at the event. ALL MEDICATIONS MUST BE CHECKED IN BY THE STUDENT'S PARENT OR GUARDIAN. *The only medications allowed to remain with a student are "Rescue medications" (Inhalers or EpiPens), which should be documented at the CheckIn table. *Medication CheckIn begins 30 minutes prior to the general Student CheckIn time.

TO EXPEDITE THE MEDICATION CHECK3IN PROCESS...

BEFORE THE EVENT

- Print and complete the **MEDICAL ADMINISTRATION FORM**
- Write the student's **full name and grade in permanent marker** on a large gallon size Ziploc bag
- Prepare medications in their **original container** and provide **only the necessary amount** to be taken during the event. Place medications in the Ziploc bag.

AT THE EVENT

- Bring forms and medications to the MEDICATION CHECK-IN TABLE and review them with the volunteer.
- IF you are checking in **Controlled Medications**, you will need to count the quantity of medication and sign the form in the presence of the volunteer.
- IF you are checking in a **Rescue Medication** (such as EpiPen or Inhaler), these medications will remain with student. If you are bringing duplicate rescue medications, one will remain with the student and a "spare" will remain with the leader.

*All medications MUST be in the original container. **NO EXCEPTIONS**

* **Please bring only the quantity of medication needed.** *For camp, allow for one extra day.

* All medications will be administered by the Adult Leader assigned to your student and will be logged. If a student declines to take routine medication that the parent/guardian has checked in, the parent will be contacted immediately.

* For camp, evening or bedtime meds should be administered at home prior to checking in your student

* If your student has any leftover medications, these will need to be picked up at the **MEDICATION PICK UP TABLE** at the end of the event. We will discard any meds that are not picked up by the end of the week.

* We will not provide OTC medications (ex: Tylenol, Advil, etc). If you anticipate your student may need any OTC medication, please provide these medications (original container, travel size quantities) at checkin.

PLEASE DO NOT send your student to the event if they have any symptoms of illness including fever, cough, contagious or infectious rash, lice, vomiting or diarrhea.

Thank you in advance for your cooperation. Student safety is our #1 priority.

MEDICAL ADMINISTRATION FORM

Please fill out entire form below. All medication **MUST** be in the original container.

Please bring only the quantity of medication needed.

Example below for how to fill out the form:

Medications	Dosage	Route	Time to be Given	Condition Prescribed For	Staff Signature (administrator only)	
					Date/Time: Day 1	Date/Time: Day 2
Example: Zyrtec	5 ML	by mouth	AM/NOON/PM	Allergies		

Student Name:			
Date of Birth:			
Grade:			
ALLERGIES			

Medications	Dosage	Route	Time to be Given	Condition Prescribed For	Staff Signature (administrator only)	
					Date/Time: Day 1	Date/Time: Day 2

I request that Fellowship Round Rock/Hutto Leaders administer the medication listed above to my child according to the label and/or physician instructions. I agree to furnish an adequate amount of medication in the original container.

I understand that the Fellowship Round Rock /Hutto and its Leaders shall be immune from civil liability due to allergic reaction or other injuries resulting from the administration of medication to a student, provided such administration conforms to the requirements of this policy.

Parent/Guardian Printed Name

Parent/Guardian

Signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____