

GREATER FOX RIVER VALLEY OPERATION SNOWBALL (GFRVOS)

MEDICATION INFORMATION FORM

THIS FORM MUST BE TURNED IN TO STAFF NURSE AT TIME OF CHECK-IN ON FRIDAY MORNING!

- All persons who bring any medications (including over-the-counter medications and vitamins) with them on the Event must complete the Medication Information Form on Page 2 and turn this Form and ALL medications/vitamins in to the Snowball Event Nurse at check-in on Friday morning. This includes both teen and adult participants.
- The nurse will dispense all medications/vitamins during the event.
- The participant is to pick up their medications/vitamins from the nurse after breakfast on Sunday morning. If the participant is leaving the event before Sunday morning, the participant must make arrangements with the nurse to pick up his/her medications before departure.

Instructions

1. Please print clearly.
2. Print the Last Name and First Name of the Teen/Adult Participant.
3. Print the name of all prescription medications, over-the-counter medications and vitamins that the participant is bringing with him/her on the Snowball event. List medications/vitamins that are taken daily on a regular schedule in the top section. List those medications/vitamins that are taken on an as needed basis on the bottom section.
4. Check the boxes to indicate the time(s) medications are to be dispensed.
5. Note any Special Instructions in the space provided.
6. Indicate whether or not the participant has any allergies to medications in the Allergy Section; and if so, print any medications to which the participant is allergic in this same section.
7. Sign and date the form where indicated. (Parent/Guardian or Adult Participant)

MEDICATION INFORMATION FORM

Last Name: _____ First Name: _____

Print Names of Medications Below		Check All Times When Medications Should Be Taken							
		Friday Lunch	Friday Dinner	Friday Bedtime	Saturday Breakfast	Saturday Lunch	Saturday Dinner	Saturday Bedtime	Sunday Breakfast
Medications/Vitamins taken daily at regular times									
“As Needed” Medications	(This section to be completed by Snowball Event Nurse)								
	SMALL GROUP #					DORM:			

Special Instructions: _____

Participant has no known allergies Participant is allergic to: _____

NOTE: DO NOT TURN THIS FORM IN TO THE HIGH SCHOOL. This Form and ALL medications (prescription, over-the-counter and vitamins) MUST be turned in to the Snowball Event Nurse at check-in on Friday morning.

Parent/Guardian/Adult Signature _____ Date _____