

Prescription Medication Form

This form should accompany any prescription medication taken on a retreat or mission trip of the First United Methodist Church youth group. Senior High youth may self-medicate unless parents would prefer adult supervision. IN ALL CASES, we need current prescription information.

Please complete this form and submit it, along with the medication, to the Youth Director or the designated health person at the beginning of the event.

Youth Name: _____

Retreat/Trip: _____

Dates of Event: _____

Parent Name: _____

Parent Signature: _____

Today's Date: _____



Type of Medication: 1. _____ 2. _____ 3. _____

Dosage Amount: _____

Dosage Frequency: _____

Additional Information we should know about medication(s):

Questions? Contact the youth director, Beth Miller, 734-662-4536 or beth@fumc-a2.org