

PK Retreat Medication Registration Sheet

Last Name: _____ **First Name:** _____

Church Name: _____ **City:** _____

Parent/Guardian Name: _____

Contact Number: _____

To complete medication registration, each student must have a completed Medication Registration Sheet (MRS) detailing all medications brought onto campus. A copy of the MRS may be submitted via e-mail or fax by the Saturday prior to registration day to expedite the check-in process. However, the original form **MUST** be brought with all medications to registration on Monday. Please fill out completely and accurately (see example for assistance) so we can provide the best care for your child. Remember to check expiration dates on all medicines, as we cannot administer expired medication. For any medication to be given on an “as needed” basis, please write PRN in the “time of Dispensing” Column.

EXAMPLE:

Name of Medication	Dosage	# Times/Day Taken	Time of Day
Zyrtec	10mg	Daily	AM
Adderall	5 mg	Daily	PM
Benadryl	25 mg	Every 12 hours	PRN

REGISTERED MEDICATION:

Name of Medication	Dosage	# Times/Day Taken	Time of Day

If additional space is needed, please complete two Medication Registration Sheets.

Please Note: All medication must be in its original container with correct prescription information. Package each student’s medication in its own individual gallon size bag with the completed MRS inside (one bag per student). **ONLY SEND THE AMOUNT OF MEDICATION YOUR CHILD WILL NEED FOR THE WEEKEND.** Please do not write on the bag. This will ensure accuracy and expediency during the check-in process.

You may also e-mail completed form to ilsmonline@idcag.org or fax to (217)854-4635.