RecPlex Youth Department Medication form

All Medication should be in a labeled medication bottle (original) container) with dosage and time clearly marked. Medication may NOT come in any other form. All medication is kept in a lock box and is administered by trained staff only.

Child's Name_____

Parent's/guardian's name and phone number_____

Medication _____ Prescription number _____

Times of day medication is to be given _____A.M. P.M.

Amount of each dosage _____

Reason for medication_____

Parent/guardian _____ Date _____

Date	Time	Staff Signature	Comments