

MPACT MEDICATION FORM

For the safety of each participant, all medication, prescription or non-prescription drugs will be held at the nurse's station and administered by a MPACT-approved, certified medical personnel, who will be on duty 24 hours a day.

Please give all medications to your Youth Minister and he/she will be responsible for checking it in with the MPACT nurse upon arrival. Please place the medication along with the completed form below in a zip-lock bag. Be sure to make the form visible in the bag.

Please DO NOT send any medication that is not absolutely necessary.



**PUT THIS FORM IN THE ZIP-LOCK BAG
ALONG WITH THE MEDICINE**

THIS MEDICATION BELONGS TO _____

CHURCH NAME _____

DOSAGE _____

PARENT'S NAME _____

DAY PHONE _____ NIGHT PHONE _____

DOCTOR'S NAME _____ DOCTOR'S PHONE _____