Berean Medication Registration Sheet

LAST NAME:	FIRST NAME:
EVENT NAME:	EVENT DATE(S):

To complete medication registration, each student must have a completed Medication Registration Sheet (MRS) detailing all medications brought onto campus. This original form MUST be brought with all medications to registration on the day of the event. 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	Medication Strength	Dose to Be Given	# Times Per Day Taken	Time of Day (Be specific if needed)
Zyrtec	10 mg	10 mg	Once Daily	AM
Melatonin	3 mg	3 mg	Once Daily	Exactly 8:00 PM
Ibuprofen	200 mg	400 mg (2 pills)	Every 6 hours	PRN

REGISTERED MEDICATION:

Name of Medication	Medication Strength	Dose to Be Given	# Times Per Day Taken	Time of Day (Be specific if needed)

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 EVENT.** This will ensure accuracy and expediency during the check-in process.

PARENT/GUARDIAN SIGNATURE:_____ **DATE:**_____

Berean Medication Administration Record (MAR)

THIS SIDE IS FOR INTERNAL USE ONLY

Below is a record of any registered medications administrated to a student during the event:

DATE	TIME	NAME OF MEDICATION	DOSE ADMINISTERED	STAFF INITIAL	STUDENT INITIAL

ADDITIONAL NOTES:

_____
_____
_____
_____
_____
_____
_____
_____

NAME OF STAFF/VOLUNTEER MEMBER(S) TRAINED TO ADMINISTER MEDICATIONS FOR BEREAN EVENTS:

NAME:_____   DATE:_____   INITIAL:_____

NAME:_____   DATE:_____   INITIAL:_____

NAME:_____   DATE:_____   INITIAL:_____