

Iowa NextGen Medication Registration Sheet

LAST NAME:	FIRST NAME:
CHURCH NAME:	CHURCH CITY:

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	Dosage	# Times/Day Taken	Time of Day
Zyrtec	10mg	Daily	AM
Melatonin	3 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 EVENT.** This will ensure accuracy and expediency during the check-in process.



Parent/Guardian: _____

Signature: _____

Date: _____