

MEDICINE

TRBC STUDENT MINISTRIES MEDICINE SCHEDULE

Student Name: _____

Grade: _____

Parent Name: _____

For the safety of your student, we ask that a parent fill out this form (this column only).

Please return this form with prescription medication in original containers.

We will provide a supply of Tylenol (acetaminophen), Advil (Ibuprofen), Benadryl (diphenhydramine), and Pepto Bismol to be dispensed at your student's need with your permission.

Please tell us about any prescription meds your student will need this week including dosage and times to be given.

parent's signature

Name of Medicine	Time(s) given	Fri	Sat	Sun

episode '17
Together