



Impact Next Gen Medication Administration Record November 18-19, 2022

STUDENT NAME: _____

CHURCH: _____

YOUTH PASTOR: _____

PHONE: _____

ALLERGIES: _____

ANY MEDICATIONS BEING BROUGHT TO IMPACT MUST BE LISTED ON THIS FORM. ALL MEDICATIONS MUST BE BROUGHT TO IMPACT IN THE ORIGINAL PRESCRIPTION BOTTLE. BRING ONLY WHAT WILL BE NEEDED FOR THE WEEKEND. THE NURSING STAFF HAS MOTRIN, TYLENOL, BENADRYL, AND MOST OTC MEDICATIONS, SO THERE IS NO NEED TO SEND THESE.

PARENTS: FILL OUT GRAY MEDICATIONS AREA ONLY. WHITE AREA IS FOR NURSING STAFF ONLY.

MEDICATIONS

FRIDAY

SATURDAY

NAME: _____ DOSE: _____
ROUTE: _____ FREQ: _____
REASON: _____

NAME: _____ DOSE: _____
ROUTE: _____ FREQ: _____
REASON: _____

NAME: _____ DOSE: _____
ROUTE: _____ FREQ: _____
REASON: _____

NAME: _____ DOSE: _____
ROUTE: _____ FREQ: _____
REASON: _____

NAME: _____ DOSE: _____
ROUTE: _____ FREQ: _____
REASON: _____

PARENT SIGNATURE: _____

PHONE #: _____

RN (): _____

RN (): _____