

MEDICAL INFORMATION AND MEDICATION RELEASE FORM

Last Name _____ First Name _____

Birthday _____ Address _____

Medication Name	Dose	Reason	BRK	LUN	DIN	BED

PLEASE LIST ANY ADDITIONAL MEDICATIONS OR INSTRUCTIONS ON THE BACK OF THIS SHEET

Medication Allergies: _____

Current Medical Conditions _____

Emergency Contact #1: Name _____ Relationship _____

Phone #1 _____

Emergency Contact #2: Name _____ Relationship _____

Phone #1 _____

May we administer over-the-counter drugs? _____ YES OR NO – CIRCLE ONE _____

If yes, please list which over-the-counter drugs _____ ,
We may NOT administer to you (if any): _____

I, _____, give Real Life Ministries medical representative, or their designees, permission to procure any and all medical treatment needed for my child in the case of any urgent or emergent medical situation if and when that need may arise.

_____ Date: _____

SIGNATURE