



**TriSonics – FRC Team 4003  
Allendale Robotics  
Medicine Administration Form**

Student Name \_\_\_\_\_ Male  Female

Parent Name \_\_\_\_\_ Cell # in case of emergency \_\_\_\_\_

**Please see detailed instructions on the back.**

Time of day medication taken:

| Medication & Dosage | 8:00 - 9:00 AM | 12:00 - 1:00 PM | 5:00 - 6:00 PM | 10:00 - 11:00 PM |
|---------------------|----------------|-----------------|----------------|------------------|
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Please list any allergies (i.e. bee stings, peanuts, seasonal) \_\_\_\_\_

\_\_\_\_\_

Please list any medical conditions \_\_\_\_\_

\_\_\_\_\_

Physician name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

\*Remember - Medications MUST be in their original containers

***Please have this form completed and placed in a large Ziplock bag along with medication and give to a TriSonics mentor who is on the bus/in the car.***

# Medication Form Instructions

Please complete this form for your student for the 2021-22 TriSonics FRC Season (submit a new form if anything changes).

PLEASE WRITE LEGIBLY.

- Medications must come in original bottles with name of medication and students name on each bottle.
- Students will be allowed to keep over the counter medication on their person -- including tylenol and motrin.
- The time slots listed are when the students will have access to their medications. Please specify when you would like your child to receive his/her medications on the form. NOTE: Students will ONLY have access to their meds at these times.
- The TriSonics mentors will have over the counter medications available if your student has a need during the competitions.
- Students who need lunchtime meds need to pick them up from the team coach at breakfast
- Please reach out to any of the TriSonics mentors with any questions or concerns you have.