



**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	Breakfast	Lunch	Dinner	Late Night (Before Bed)

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 (in original containers) and give to the defined TriSonics Mentor/Chaperone

Medication Form Instructions

Please complete this form for your student for use during travel events or any other time medication is needed to be controlled by the team coaches (submit a new form if anything changes).

PLEASE WRITE LEGIBLY.

- Medications must come in original container with name of medication and students name on each bottle.
- Students will be allowed to keep over the counter (OTC) medication on their person
 - Examples include:
 - Tylenol and Motrin
 - OTC Cold medication
- The TriSonics mentors will have over the counter medications available if your student has a need during the competitions.
- 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.
- Students who need lunch time meds need to pick them up from the team mentor at breakfast (or, if requested, these can be provided by the mentor at lunch)
- Please reach out to any of the TriSonics Mentor with any questions or concerns you have.