

# PRESCRIPTION INFO CARDS - TO BE COMPLETED AND BROUGHT TO TRAINING CAMP

**Directions:** According to state health code we need one of these prescription cards to be filled out for each prescription for every participant. Please cut out 1 card for each prescription and fill in ALL information (print clearly). If you need more room you can write on the back of the cards. All medications must be in original containers and be prescribed to the participant. **Do NOT mail these in; bring cards with prescriptions to Training Camp.**

Name of Participant: \_\_\_\_\_  
Trip: \_\_\_\_\_

Name of Medication: \_\_\_\_\_  
Dosage/Amount: \_\_\_\_\_  
Frequency/When: \_\_\_\_\_  
Route: (ie, by mouth, nose, eye drops, etc) \_\_\_\_\_  
Total Doses/pills included: \_\_\_\_\_

Name of Prescribing Doctor: \_\_\_\_\_  
Prescription number: \_\_\_\_\_  
Date Prescribed: \_\_\_\_\_

Possible adverse reactions: \_\_\_\_\_  
\_\_\_\_\_

Special conditions when contact with doctor should be made: \_\_\_\_\_

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Trip: \_\_\_\_\_

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Frequency/When: \_\_\_\_\_  
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