

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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