

Prescription Information

Colonial Woods Missionary Church

3204 Pine Grove Ave.

Cwmc.church

Please print and write neatly

Student Name : _____ . **Date of Trip/Event:** _____ .

Parent Name: _____ . **Parent Phone #:** _____ .

Trip/Event Destination: _____ .

Medication Name: _____ .

Time of day given: _____ .

Dosage (how many pills): _____ . **With Food: Yes / No**

Additional Notes: _____ .

Medication Name: _____ .

Time of day given: _____ .

Dosage (how many pills): _____ . **With Food: Yes / No**

Additional Notes: _____ .

Medication Name: _____ .

Time of day given: _____ .

Dosage (how many pills): _____ . **With Food: Yes / No**

Additional Notes: _____ .
