**Medication Bag Form**

**Name of child:** ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List of allergies and health concerns**

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**List of medication**:

\*All medication is to be in original bottles with child’s name

\* All prescriptions must be in child’s name

\*Only medication listed here and, in the bag, will be administered (this includes things like headache medication, after bite, cough syrup and cold medication)

\*PLEASE NOTE: Items like EpiPens and inhalers need to be always with your child (they can be carried in a small backpack or fanny pack)

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| --- | --- | --- | --- |
| Name | Dose | How often medication is to be administered  | Reason for medication |
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**Other**:

**Date:** **Signature:**