

NAME \_\_\_\_\_

Excursion/Trip \_\_\_\_\_

**DO-IT LEISURE MEDICATION FORM**

**A NEW FORM IS REQUIRED FOR EACH PARTICIPANT FOR EACH TRIP**

I TAKE THE FOLLOWING MEDICATIONS AND HAVE PROVIDED ANY MEDICATIONS NEEDED FOR THIS TRIP.

- Even if you are not taking any medications on this trip, you must still list all your medications.
- **If you do NOT take any medications, initial here \_\_\_\_\_ & sign / date below and return.**
- Write out special instructions (e.g. "With food, or Empty stomach, or Already taken today," etc.)

TIME OF DAY	HOUR	NAME OF MEDICATION	DOSAGE	# OF TABS.	DATE (medications taken)			
					Special instructions	/	/	/
AM  <input type="checkbox"/> more AM medications on back								
NOON  <input type="checkbox"/> more Noon medications on back								
PM  <input type="checkbox"/> more PM medications on back								
BEDTIME  <input type="checkbox"/> more PM+ medications on back								
AS NEEDED								

\_\_\_\_\_  
Signature of adult Participant  
Parent/Conservator/Guardian

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

Please list any additional information necessary:

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TIME OF DAY	HOUR	NAME OF MEDICATION	DOSAGE	# OF TABS.	DATE (medications taken)			
					Special instructions	/	/	/
<b>AM</b>								
<b>NOON</b>								
<b>PM</b>								
<b>BEDTIME</b>								
<b>AS NEEDED</b>								

**Thank you!**