Medication Management

Participant Name			
Adventure		Date	

Medication Information *(additional medications can be completed on next page)*

Medication Name		Dose	
For what condition is medication being administered			
Specific Directions *(e.g., on empty stomach/with water, taken with food, etc)*			
Time/frequency of administration			
If taken as needed, frequency			
If taken as needed, for what symptoms			
Relevant side effects or known allergies			
Medication shall be administered from (date)		To (date)	

Special Storage Requirements

Is refrigeration required? ☐ Yes ☐ No	Prescriber's Name/Title	
	Prescriber's Place of Employment & Phone	
If the participant requires any assistance with their medications, please explain		

Authorisation

☐	I authorize and recommend self-administration by the participant for the above medication.
☐	I also affirm that they have been instructed in the proper self-administration of the prescribed medication

Signature		Date	
Name		Phone	

Medication Information

Medication Name		Dose	
For what condition is medication being administered			
Specific Directions *(e.g., on empty stomach/with water, taken with food, etc)*			
Time/frequency of administration			
If taken as needed, frequency			
If taken as needed, for what symptoms			
Relevant side effects or known allergies			
Medication shall be administered from (date)		To (date)	

Medication Name		Dose	
For what condition is medication being administered			
Specific Directions *(e.g., on empty stomach/with water, taken with food, etc)*			
Time/frequency of administration			
If taken as needed, frequency			
If taken as needed, for what symptoms			
Relevant side effects or known allergies			
Medication shall be administered from (date)		To (date)	

Medication Name		Dose	
For what condition is medication being administered			
Specific Directions *(e.g., on empty stomach/with water, taken with food, etc)*			
Time/frequency of administration			
If taken as needed, frequency			
If taken as needed, for what symptoms			
Relevant side effects or known allergies			
Medication shall be administered from (date)		To (date)	