



## MCAS Tustin Young Marines Medication Log

Instructions: Use (1) sheet for each prescription and/or Over-the-counter medication. Place this log sheet, along with the medication, inside a Ziploc bag. Prescription medication must be in the original pharmacy container and properly labeled.

Over-the-counter medication must be in the original container.

**Last Name** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Age** \_\_\_\_\_

### I request and authorize that my child be administered the

Medication Name \_\_\_\_\_

Type of Medication Form :      \_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other

Dosage \_\_\_\_\_ Time to be Given \_\_\_\_\_

I certify that my child has a valid health reason for taking this medication during this Young Marine activity. This permission is valid from (beginning date) \_\_\_\_\_ to (ending date) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date	Hour	Dosage	Comment	AMO	Witness

Comments:

Medication returned to \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ HOURS.

Medical Officer's Signature \_\_\_\_\_