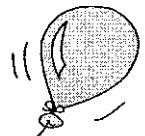
du Ballon Rouge

Tourette Syndrome Association of Texas



MEDICATION ADMINISTRATION FORM

During the weekend of the program, medications will be administered by the du Ballon Rouge nursing staff.

CHILD_____

Last Name First Name Middle Initial

1. List ALL medications your child takes on a daily basis (include name, strength, dosage and frequency).
2. Please adapt your child's medication administration to the times listed below.
3. For medications given on an "as needed" basis, write in the instructions after the medication.
4. Please list any special needs/preparation your child requires when taking his/her medication. (i.e., crushing, special food or drink.)

MEDICATION NAME	STRENGTH (MG)	BREAKFAST	LUNCH	AFTER-NOON	DINNER	NIGHT
Ritalin	10 mg tablet	1 tablet	1 tablet	1 tablet		
Depakene	20 mg per tsp.	1 teaspoon	1 teaspoon			
Ventolin Inhaler	2 puffs	every	4 hours	as needed	for	wheezing

MEDICATION NAME	STRENGTH (MG)	BREAKFAST 8:00-9:00 AM	LUNCH 12:00-1:00 PM	AFTERNOON 3:00-4:00 PM	DINNER 6:00-7:00 PM	NIGHT 9:00-10:00 PM

Special instructions to assist with medication administration to your child._____

_____

Parent Signature_____ Date_____

SEND THIS FORM TO THE TOURETTE SYNDROME ASSOCIATION OF TEXAS
WITH THE REST OF YOUR CHILD'S FORMS.