TIME 2010 Medications Pack-out Form & Instructions

This form is only for participants who have prescription medications that are to be administered by TIME.

1. ONLY BRING THE AMOUNT OF MEDICATION NEEDED DURING TIME!
2. TIME will administer medications (4) four times a day: breakfast, lunch, dinner, and bedtime.
3. Place this completed form in a gallon size zip lock bag with the medications distributed in their appropriate dosages into day of the week pillboxes that have clearly been labeled with the participants name and the time of day the medications in each pillbox are to be given.

   Example Pillbox Labeling: John Doe, Pillbox #1: Breakfast
   John Doe, Pillbox #2: Bedtime

Participant's Name: _____

Pillbox # 1: to be given at: Breakfast, Lunch, Dinner, or Bedtime (circle one)

Medications : ___ _____

_____

Condition or conditions requiring treatment: _____

_____

Pillbox # 2: to be given at: Breakfast, Lunch, Dinner, or Bedtime (circle one)

Medications : _____

_____

Condition or conditions requiring treatment: _____

_____

Pillbox # 3: to be given at: Breakfast, Lunch, Dinner, or Bedtime (circle one)

Medications : _____

_____

Condition or conditions requiring treatment: _____

_____

Pillbox # 4: to be given at: Breakfast, Lunch, Dinner, or Bedtime (circle one)

Medications: _____

_____

Condition or conditions requiring treatment: _____

_____