



## Administration of Medication Request

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_/\_\_/\_\_\_\_

For the safety of all people participating in activities or events sponsored by our church, all medications, both prescription and over-the-counter, must be accompanied by this form and brought to the appropriate ministerial staff member by an adult.

**Name of Medication:** \_\_\_\_\_

**Amount to be given:** \_\_\_\_\_

**Time(s) to be given:** \_\_\_\_\_

**Possible Side Effects:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

I, \_\_\_\_\_, grant permission to the staff or designated agent of the staff person to assist in administration of medication above for my child, \_\_\_\_\_, while under the care and supervision of the church.

I understand that the church representatives cannot assure that anything more than a reasonable effort will be made to assist the minor and I further agree to waive any claims of liability that may rise against any church personnel or representative relative to the administration of this medication to my child according to the instructions provided above.

### **Phone Numbers:**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**