

First Presbyterian Church
Children's & Student Ministries
Medication Administration Form

If student needs assistance in taking prescription and/or over the counter medications, this form must be completed. Medications are to be in original bottles with the student's name on all medications, put into a Ziplock bag, with the student's name on the outside of the bag.

Student's Full Name. _____ Date of Birth _____

I authorize First Presbyterian Church's Children's or Student Ministries' Staff or Designated Adult Leader to administer the following medications to my child, (named above), during the dates of

_____ *(beginning and ending dates of activity/retreat).*

On behalf of my child, I absolve, release and indemnify First Presbyterian Church, its officers, agents, and employees from any and all liability whatsoever that may result from my child taking or not taking this medication.

_____/_____/_____
Parent/Guardian Signature Date Phone

PLEASE LIST EACH MEDICATION SEPARATELY. PLEASE PRINT OR TYPE.

Medication #1

Name of Medication exactly as it appears on bottle: _____

Dosage amount and time to be given: _____

Reason for medication: _____

Medication is (check one): ☐ only taken as needed ☐ required per above schedule

Side effects (expected and predictable): _____

Medication #2

Name of Medication exactly as it appears on bottle: _____

Dosage amount and time to be given: _____

Reason for medication: _____

Medication is (check one): ☐ only taken as needed ☐ required per above schedule

Side effects (expected and predictable): _____

Medication #3

Name of Medication exactly as it appears on bottle: _____

Dosage amount and time to be given: _____

Reason for medication: _____

Medication is (check one): ☐ only taken as needed ☐ required per above schedule

Side effects (expected and predictable): _____

Medication #4

Name of Medication exactly as it appears on bottle: _____

Dosage amount and time to be given: _____

Reason for medication: _____

Medication is (check one): ☐ only taken as needed ☐ required per above schedule

Side effects (expected and predictable): _____