

PERMISSION TO ADMINISTER MEDICATION

(Please include over the counter drugs such as Tylenol, Aspirin, Pepto Bismol, etc.)
Please fill out completely and return to your youth director prior to the scheduled event.

I give my permission for Augusta Church of Christ to administer the following medication to my child:

Name of Child _____

Prescription Number _____

Name of Medicine _____

Amount of Dosage _____

Refrigerate: Yes _____ No _____

Doctor prescribing medicine _____

Condition for which medication is prescribed _____

I give my permission for a youth coach to administer over the counter medications (tylenol, advil, pepto bismol, etc.) as needed. Yes _____ No _____

Is your child allergic to any medications that you are aware of? Yes _____ No _____
If yes, please list those medications: _____

I understand that the Church leaders cannot be responsible for any allergic reactions or complications resulting from this medication if given according to directions.

Signed: _____ Date: _____

Church Leader receiving medication _____

Record of Administration:

	<u>Date</u>	<u>Time</u>	<u>Amount Given</u>	<u>Staff Initial</u>
1.				
2.				
3.				
4.				
5.				