**St. John’s Lutheran Church Authorization for Administration of Non-Prescription Medication**

Medication is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

All medications including prescription and over the counter, must be brought in the original container with the original label with the amount of medication that your child will need during the event. Include specific instructions for dispensing **ALL NON-PERSCRIPTION** medications on chart below.

I give permission for my child to keep their medication in their belongings and administer according to instructions as needed. My child understands that the medications listed will be used by him/her only and will not be given to anyone. As the parent/legal guardian, I understand that should my child give his/her medication to anyone the adult chaperone will take the medication for safe keeping and dispense as needed. I further exonerate St. John’s Lutheran Church, its employees and adult chaperones from any liability there from.

Name of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| Name of medication | Date started | Reason for taking it | When it is given | Amount or dose given | How it is given |
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