

Permission To Dispense Non-Prescribed Medication

CONFIDENTIAL

Geneva Presbyterian Church (USA)
5835 Sheldon Road, Canton MI 48187
734-459-0013

Parent or Legal Guardian Authorization for Dispensation of Non-Prescription Medication

Waiver and Release of All Claims

PLEASE NOTE THAT THIS FORM IS VALID FOR THE ENTIRE PROGRAM YEAR - SEPTEMBER THROUGH AUGUST. IT IS THE PARENT'S OR LEGAL GUARDIAN'S RESPONSIBILITY TO NOTIFY THE YOUTH OR CHILDREN'S COORDINATOR, OR THE YOUTH OR CHILDREN'S MINISTRY ELDER, OF ANY CHANGES THAT NEED TO BE MADE DURING THE PROGRAM YEAR.

PROGRAM YEAR: _____

BACKGROUND INFORMATION (Please print):

Minor Child's Name: _____ Age: _____

Address: _____

Parent/Guardian Name(s): _____

Daytime Phone: () _____ Home Phone: () _____ Mobile Phone: () _____

Doctor's Name: _____ Phone: () _____

MEDICATION INFORMATION:

The following non-prescription medication may be available for dispensation. Please initial each medication listed to indicate that the church staff/volunteers may dispense the named non-prescription medication to your child should the need arise.

____ Tylenol ____ Advil ____ Bayer ____ Imodium A-D ____ Mylanta/Tums ____ Pepto-Bismol
____ Benedryl ____ Hydro-cortisone cream ____ Neosporin ____ Calamine Lotion ____ Bactine

If you would prefer, you may send your own products in original containers with instructions in a sealed zip-loc bag clearly labeled with your child's name with directions for dispensing and given to the church staff/volunteer. Please list these non-prescribed medications below.

In all cases, the recommended dosage of any medication will not be exceeded.

If after administering any of the above listed, or those I have provided, non-prescribed medication there is an adverse reaction, I give my permission to Geneva Presbyterian Church to secure from any licensed hospital physician and/or medical personnel any and all medical services necessary. I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of Geneva Presbyterian Church administering medication to my minor child, I do hereby fully release or discharge Geneva Presbyterian Church, and its officers, agents, volunteers, and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless, and defend Geneva Presbyterian Church, and its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child arising out of, connected with, incidental to, or in any way associated with the administering of medication.

I give permission for Geneva staff/volunteers to give the initialed non-prescription medications, or those I have provided, to my minor child as needed.

X _____
Signature of Parent/Guardian _____ Date _____

Processed by: _____ Date: _____

Approved: 10_09