

Permission To Dispense Prescribed Medication

CONFIDENTIAL

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

Parent or Legal Guardian Authorization for Dispensation of Prescribed Medication *Waiver and Release of All Claims*

Geneva Presbyterian Church (USA) will only dispense prescribed medication to a minor child when the Permission To Dispense Prescribed Medication Form has been fully completed by a parent/legal guardian. Geneva Presbyterian Church's internal procedures on dispensing medication are available for review.

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: _____

To be completed by parent/guardian:

I request and give permission for (name of child) _____ to receive the prescribed medication(s)/ treatment listed on the reverse side of this form during Geneva Presbyterian Church sponsored events according to Geneva Presbyterian Church policy and for the physician('s)/staff and church leadership/staff to share information needed to assist my child with medication needs.

- I understand it is my responsibility to give the medication directly to the program staff in original prescription containers clearly labeled with my child's name and the dispensing information as indicated on the reverse side of this form.
- In all cases, the recommended dosage of any medication will not be exceeded. If after administering 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.
- In all cases, dispensing of prescribed medication can only be changed or modified by completing another Permission to Dispense Prescribed Medication Form.

Parent signature
(OVER)

Date

Parent phone number

MEDICATION INFORMATION FOR PRESCRIBED MEDICATION

THIS FORM MUST BE COMPLETED FOR EACH PROGRAM YEAR OR WHEN MEDICATION NEEDS CHANGE.

BACKGROUND INFORMATION (Please print):

Minor Child's Name: _____ Age: _____

Address: _____

Parent/Guardian Name(s): _____

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

Doctor's Name: _____ Phone: () _____

MEDICATION INFORMATION:

Medication Name: _____ **Dose:** _____ **Time:** _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Medication Name: _____ **Dose:** _____ **Time:** _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Medication Name: _____ **Dose:** _____ **Time:** _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

OTHER INFORMATION:

I understand it is my responsibility to give the medication directly to the program staff in original prescription containers clearly labeled with my child's name and the dispensing information as indicated above.

In all cases, medication dispensing can only be changed or modified by completing another Permission To Dispense Prescribed Medication Form.

I hereby acknowledge that the above information provided for the dispensing of prescribed medication to my minor child is accurate.

X _____
Signature of Parent/Guardian Date

Processed by: _____ Date: _____