

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

## Ministry with Minors and Vulnerable Adults

### Permission To Dispense Non-Prescribed Medication

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 DIRECTOR, OR THE DISCIPLESHIP OR CHILDREN'S MINISTRY ELDER, OF ANY CHANGES THAT NEED TO BE MADE DURING THE PROGRAM YEAR.

PROGRAM YEAR: \_\_\_\_\_

Minor Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

The following non-prescription medication may be available for dispensing. 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      \_\_\_ Benadryl      \_\_\_ 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