



Medication Consent Form

This form is only good for two (2) weeks; after that, it must be re-signed by Parent or Legal Guardian.

Child's Name _____

Child's condition for administering Medication _____

Name of Medication _____ Prescription Non-Prescription

Name of Prescribing Doctor _____

Amount to be Administered _____ Time(s) for Medication to be Administered _____

Date(s) Medication to be Administered _____ Refrigeration Necessary? Yes No

Possible Adverse Reactions _____

Name of Medication _____ Prescription Non-Prescription

Name of Prescribing Doctor _____

Amount to be Administered _____ Time(s) for Medication to be Administered _____

Date(s) Medication to be Administered _____ Refrigeration Necessary? Yes No

Possible Adverse Reactions _____

Please sign one option:

A) I authorize the administration of medication by a SouthBrook Trip Leader to my child and agree to hold harmless, release and forever discharge SouthBrook Christian Church (the "Church"), its Leadership Team, Business Team, officers, agents and any parties volunteering on behalf of the Church for any and all actions, causes of action, injuries, claims, damages and costs of any kind arising out of or relating to my request to have a SouthBrook Trip Leader administer medication to my child.

Parent or Legal Guardian Signature _____ Date _____

B) I authorize my child to administer their own medication and I agree to hold harmless, release and forever discharge the Church, its Leadership Team, Business Team, officers, agents and any parties volunteering on behalf of the Church for any and all actions, causes of action, injuries, claims, damages and costs of any kind arising out of or relating to my request to have my child administer their own medication.

Parent or Legal Guardian Signature _____ Date _____

- Is all of the above information complete?
- Is medicine in the original container with the prescription label on it?
- Is the date of the prescription current?
- Is the child's name on the container?
- Is the name of the medication, dose and administration schedule given on the label the same as the instructions here?
- Has the medication been placed out of the child?

Staff Use Only

Administration Dates	Administration Time(s)	Adverse Reactions Observed	Staff Member's Initials