



crossroads baptist church

Medication Administration Consent Form

Child's Name:		Date of Birth:	
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Section 1: Medical Information & Prescription Medication

Medical Information: Does your child have a medical condition that we should be made aware of such as asthma, diabetes, seizures, headaches, ADHD, etc? Please be specific.

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Medicine(s):

NAME OF DRUG	DOSAGE	TIME TO BE GIVEN	SELF ADMINISTER	INITIAL
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	

ALL MEDICATIONS MUST COME IN THE ORIGINAL CONTAINER and have instructions as to when they are to be taken and how they are to be properly stored. All medications will be held by a designated adult.

FOR ASTHMA, ALLERGY, OR DIABETIC MEDICATION ONLY (Inhalers, Epi-Pens, Insulin)

Child may carry medication on his/her person (circle) Y / N

Child may self-administer medication (circle) Y / N

Directions for self-administration: _____

By consenting to a child's possession of medication the parent/guardian is releasing Crossroads Baptist Church and its agents (including but not limited to the leader and the designated adult) from responsibility for the correct administration of the medication.

Section 2: Over-the-Counter (OTC) Medications

I, the parent/guardian, give permission: (Check all that apply)

- I give permission** for a designated adult or adult leader to administer over-the-counter medication which will be provided by an adult.
- I give permission** for my child to carry and self-administer over-the-counter medication.
- I do not give permission** for my child to take over-the-counter medication.

I, the parent/guardian, give permission for my child to be given the following OTC medication: (check all that apply)

- Any brand non-prescription Acetaminophen
- Any brand non-prescription Ibuprofen
- Any brand non-prescription topical antibiotic (i.e. Neosporin)
- Any brand non-prescription topical antihistamine (i.e. Benadryl cream)
- Tums, antacid, &/or antidiarrheal
- Diphenhydramine (Benadryl)
- Sunscreen
- 1% Hydrocortisone cream
- Any brand non-prescription Dramamine
- Bug Spray
- NO OTC medicine may be given to my child**

I give permission for my child to receive the prescribed medications/treatment listed on this form during Crossroads Baptist Church sponsored events and for the staff and church leadership to share information needed to assist my child with medication needs.

- I understand it is my responsibility to give the medication directly to family ministry staff/designated volunteers in the original prescription containers clearly labeled with my child's name and the dispensing information as indicated on 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 for Crossroads Baptist Church to secure any medical services necessary from any licensed hospital physician and or medical personnel.
- 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 Crossroads Baptist Church administering medication to my minor child, I do hereby fully release or discharge Crossroads Baptist Church, its staff, and volunteers 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 agree to indemnify, hold harmless, and defend Crossroads Baptist Church, its staff, and volunteers 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 Medication Administration Consent Form.

Printed Name	Parent Signature	Date	Parent Phone Number

Witness	Date	Family Ministry Staff Signature	Date