

Medication Administration for St. Andrew the Apostle Catholic Church

For use during Field Trips/Youth Group Events/ Overnight Trips

The parent/guardian of _____ asks that the following appointed person, Amy Casedy, volunteer for St. Andrew Catholic Church, under the supervision of Janet Cook, DRF K-8 and Middle School Youth Ministry; give the following medication to my child, according to the Health Care Provider's signed instructions on the lower portion of this form.

The program agrees to administer medication prescribed by a licensed health care provider. If is the parent/guardian's responsibility to furnish the medication. The parent agrees to pick up expired or unused medication within one week of notification by the staff.

Prescription Medication: must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, and date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and number must also be included on the label.

Over the counter medication: must be labeled with your child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with St. Andrew's staff delegated to administer medication.

 Parent/Legal Guardian's Name Parent/Legal Guardian Signature Date

 Primary Phone Contact Alternate Phone Contact

 Health Care Provider Authorization to Administer Medication during a St. Andrew Catholic Church
 Event, Field Trip, or Youth Group Overnight Trip

Child's Name: _____ Birthdate: _____

Medication: _____

Dosage _____ Route (Oral, inhaled, digested) _____

To be given at the following time(s): _____

Special Instructions (with food, before eating, etc) _____

Purpose of Medication: _____

Side Effects to be reported: _____

Start Date: _____ End Date _____