

CHRIST COVENANT YOUTH MINISTRIES
MEDICATION ADMINISTRATION FORM

If student needs assistance in taking prescription and/or over the counter medications, this form must be completed. Medications to be in original bottles with student's name on all medications and put into ziplock bag with student's name on outside of bag.

Student's Full Name: _____ Date of Birth: _____

I authorize the Christ Covenant Youth Ministries Staff or Designated Adult Leader to administer the following medications to my student (named above) during the dates of _____ (*beginning and ending dates of retreat*). On behalf of my student I absolve, release and indemnify Christ Covenant Church, its officers, agents, and employees from any and all liability whatsoever that may result from my student taking or not taking this medication.

Parent/Guardian Signature: _____ Date: _____ Phone: _____

Please list each medication separately. Please print or type.

Medication #1

Name of Medication exactly as it appears on bottle: _____

Dosage amount and time to be given: _____

Reason for Medication: _____

Medication is (circle one): only taken as needed required per above schedule

Side Effects (expected and predictable): _____

Medication #2

Name of Medication exactly as it appears on bottle: _____

Dosage amount and time to be given: _____

Reason for Medication: _____

Medication is (circle one): only taken as needed required per above schedule

Side Effects (expected and predictable): _____

Medication #3

Name of Medication exactly as it appears on bottle: _____

Dosage amount and time to be given: _____

Reason for Medication: _____

Medication is (circle one): only taken as needed required per above schedule

Side Effects (expected and predictable): _____

Medication #4

Name of Medication exactly as it appears on bottle: _____

Dosage amount and time to be given: _____

Reason for Medication: _____

Medication is (circle one): only taken as needed required per above schedule

Side Effects (expected and predictable): _____