

AUTHORIZATION TO ADMINISTER MEDICATION OR TO ALLOW MY CHILD TO SELF MEDICATE

I hereby acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize a church staff member, on my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer), lawfully prescribed medication and non-prescribed medication in the manner described in the Physician's Order. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual who does not have medical training, and I specifically consent to such practices.

I understand that this authorization is not effective unless the medication authorization for my child is accepted by the church and signed by a representative of the church in the space provided below.

I further acknowledge and agree that, when such medication is to be administered or attempted to be administered, I waive any claims I might have against the church, any of its employees, agents or volunteers arising out of the administration or attempted administration. In addition, I agree to hold harmless and indemnify the church, any of its employees, agents or volunteers, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempted administration of said medication.

Medications will not be administered by staff unless the following are provided:

1. A written prescription issued by a physician, dentist or other licensed prescriber. The prescription must set forth the child's name, licensed prescriber's signature and phone number, medication name and dosage, and date of order;
2. Written instructions from the licensed prescriber setting forth the time intervals of administration, the duration of the prescription and the method of administration;
3. Written indication from the licensed prescriber as to the diagnosis requiring the medication and listing the possible side effects of the medication.

With regard to the administration of non-prescription medications the parent or guardian must provide dosing instructions to staff.

This authorization shall remain in effect until the child reaches the age of 18 or until the authorization is withdrawn by the parent or guardian in writing.

I hereby authorize employees, agents and volunteers of Good Shepherd Lutheran Church to administer medications to my child. I acknowledge that I have read the above agreement and agree to its terms.

Dated this ____ day of _____, 20__

Medication	Dosage amount	Frequency	Special Instructions

Parent or Guardian

Church Representative