



MEDICATION ADMINISTRATION FORM

HICKORY GROVE BAPTIST CHURCH

This form is an addendum to the required Activity & Medical Release Form. If needed during an event, Hickory Grove Baptist Church will provide Acetaminophen (Tylenol), Ibuprofen (Advil), Cetirizine (Zyrtec) and Calcium Carbonate (Tums) if approved by the parent in the Activity & Medical Release Form. ALL OTHER MEDICATIONS must be included on this form to be distributed to your child.

Student Name _____ Phone _____

Birthdate ____ / ____ / ____

In order to protect your child's health, your consent and written authorization from a licensed healthcare provider are required when it is necessary to receive prescription and non-prescription medications here at Hickory Grove Baptist Church (HGBC) or while attending an HGBC camp or other event. Medications cannot be given to your child until this authorization has been received. A separate form is required for each medication, and a new form is required every year. It is your responsibility to provide all medications to be given to your child. Each medication must be in an appropriately labeled container from the pharmacy or health care provider's office or in the original over-the-counter packaging.

PARENT OR GUARDIAN'S PERMISSION: I give permission for my child to receive this medication during HGBC events. I understand that it is my responsibility to purchase and supply this medication. I also understand that my child will not carry any medication and all medications will be kept in the care of an individual authorized by HGBC. I do hereby remise, release, and forever discharge, and further do agree to indemnify and forever hold harmless except to the extent of available insurance coverage, Hickory Grove Baptist Church, its pastors, faculty/staff, employees and volunteers assisting with HGBC events, including the organizations and ministries that oversee and maintain such sites at which such events take place (the "Released Parties"), from any and all claims, demands, liability, or action arising from or to any injury or damage which may be sustained by my child while being administered the medications authorized to be given herein, except to the extent any such injury or damage results from the gross negligence or willful misconduct of a Released Party.

Signature of Parent or Guardian

_____/_____/_____
Date Parent

Phone Number

MEDICATION

Medication prescribed _____

Purpose of medication (asthma, allergies, etc.) _____

Does this medication need to be kept refrigerated? Yes No

Dosage (include milligram, etc.) _____

Time medication is to be administered _____

If medication is not administered exactly at a specific time, should it be taken once discovered or skipped and taken at the next scheduled time?

Taken once discovered Take at the next scheduled time

Additional information

Medication prescribed _____

Purpose of medication (asthma, allergies, etc.) _____

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Dosage (include milligram, etc.) _____

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Additional information

TO BE COMPLETED BY CHILD'S PHYSICIAN

It is necessary for this child to receive this medication in order to improve health and benefit from HGBC activities and events.

Signature of Physician

_____/_____/_____
Date

NOTE: If your student requires more than two medications, this medication form can be copied and attached as many times as necessary in order to accommodate the number of medications you are listing.