

MEDICATION DISPENSING FORM

Centerburg Student Ministries Events & Activities

Complete for each event. A designated adult will be dispensing medications to your child. It is preferred that you send only enough medication to cover the doses needed for the event.

Participant Information:

Name: _____ Date of Birth: _____

Parent/Guardian who is turning in medication: _____

Does your student need medication between departure time and arriving at the destination? _____

Does your student have a life-saving device (epi-pen, rescue inhaler, etc?) _____

If yes, does your student have an extra one to turn in to the designated adult? _____

Name of medication: _____

What condition/illness does this medication treat?: _____

Dosage to be given: _____

Times of day for dosage: _____

Method of administration: (mouth, eyes, nose, ears): _____

Special instructions: _____

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What condition/illness does this medication treat?: _____

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Dosage to be given: _____

Times of day for dosage: _____

Method of administration: (mouth, eyes, nose, ears): _____

Special instructions: _____

Permission to dispense medication and legal release:

On behalf of myself and my child (referred to above as Participant), I hereby fully and forever release and waive and agree not to bring or cause to be brought any and all claims, demands, actions or causes of action of every possible kind and nature whatsoever (including without limitation, any claim of negligence) I might assert whether or not absolute, known or unknown, or otherwise against Centerburg Church of Christ of Centerburg, Ohio or any of its elders, officers, employees, agents or volunteers (all being hereafter collectively referred to herein as the "Releasees") by reason of, arising out of or relating to the administration of medication to my child in accordance with instruction that I set out above. I also give permission to the Releasees to contact and discuss my child's medical condition with the medical professional that I listed on the submitted medical form or other professionals as may be necessary. I attest that I am either (1) the parent and custodian of the Participant named herein, or (2) the duly appointed legal guardian to the Participant named herein.

Signature of Parent/Guardian _____ Date: _____

Printed name of Parent/Guardian _____