

# Authorization/Parental Consent For Child Administering Medication

**Student Name:**

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**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parental Consent:**

I am the parent or guardian of \_\_\_\_\_.

I give permission for him/her to take and keep with them the following medications for use as needed, without adult supervision, while on the Student Ministry event of First Baptist Church of Murray, Kentucky. I will not hold responsible First Baptist Church of Murray, Kentucky, and/or its leaders for any misuse on behalf of my child's usage.

**Parent/Guardians Signature:**

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**Medications:**

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