



**PARENTS REQUEST FOR THE ADMINISTRATION OF  
MEDICATION BY STAFF PERSONNEL**

I hereby authorize, request, and give my consent to Ohio City Community Church of God, or other responsible person designated by the event director, to store, supervise, and/or administer the following medication to my youth.

Prescribed Medication: \_\_\_\_\_  
(Doctor's Written Note Attached)

Non- Prescribed Medication: \_\_\_\_\_

Name of Youth: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Medication, Dosage, Method of Administration: \_\_\_\_\_

Time of Day to be Administered: \_\_\_\_\_

Date to Begin Administered: \_\_\_\_\_ Date to Complete Medication: \_\_\_\_\_

It is impossible to arrange for this medication to be taken at home , therefore it must be administered during this event: Yes \_\_\_\_\_ No \_\_\_\_\_

Please regard my signature below as my assurance that I release the Ohio City Community Church of God and Medical Staff from any liability or damages resulting from the consequences of or adverse reactions of our youth's taking or failing to take this medication at the times prescribed. I also agree to keep the church informed in writing of any revision in the physician's prescription. I have had the opportunity to ask any questions. They have been fully answered to my satisfaction.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date