|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **When to Administer:** | | |  |  |
| **Name of Prescription** | **For treatment of** | **Dosage** | Bkfst | Lunch | Supper | Bedtime | If Needed |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

Please initial the following:

\_\_\_\_\_\_I give the staff of City Light Church permission to administer the medications listed above to

my student. I covenant to hold harmless City Light Church, its sponsors and representatives,

from any and all liabilities arising from the medical treatment for my student during this activity.

**Over the Counter Medications**:

\_\_\_\_\_\_Over the counter Medications that may be given to my student, if needed (please circle):

Tylenol, Advil, Benedryl, Pepto Bismol (or the generic form of these medicines)

\_\_\_\_\_\_I give the staff of City Light Church permission to administer the over the counter medication

(OTC) to my student in the event he/she is ill or injured. I covenant to hold harmless City Light

Church, its sponsors and representatives, from any and all liabilities arising from the medical

treatment for my student during this activity.

**Allergies**: List below \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special instructions/other important info:**

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_