

Reynoldsburg Community Church Request for Administration of Medication

Regarding the administration of medicine, both over-the-counter and prescription, by staff and/or volunteers of Reynoldsburg Community Church

- All medicines, both over-the-counter and prescription, and this completed form will be given to the designated health officer prior to departure on a trip/event.
- Devices such as inhalers and EpiPens and any other medicine that must be kept on the person will be permitted. Please see below for signature regarding such a circumstance.
- Prescriptions must be in the child's name, must not be expired and must have the pharmacy label with dosage and administration instructions.
- Over-the-counter medicine must be the appropriate product for the age of the child. For example, a bottle of regular ibuprofen has dosage instructions for those 12 years and older. Therefore, this medicine cannot be administered to anyone under 12 years old. Please bring the appropriate medicine for the age of the child.
- Parents/Guardians should know that the designated health officer might not have any medical training. They are simply the person responsible for the possession and distribution of medicine. Therefore, all directions related to the medicine and its purpose, the correct dosage and administration instructions should be clearly explained on this form.

Name of Child _____ Date of Birth _____

I give the staff and/or volunteers of Reynoldsburg Community Church permission to administer to my child the medicine(s) listed on the reverse side of this form. I have provided all contact information to the leaders of this event in case of questions regarding these medicines or in case of an emergency.

(Parent/Guardian Signature) Date _____

Mother/Guardian Home Phone _____ Cell _____

Father/Guardian Home Phone _____ Cell _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Home Phone _____ Cell _____

My child must have the device/medicine indicated on the reverse side of this form on his/her person at all times. He/she has been instructed as to how to use it properly. He/she also understands that he/she is never to give it to and/or share the medicine with another person.

(Parent/Guardian Signature)(OVER) Date _____

Appendix D