



I, the undersigned, certify that I am the parent or legal guardian of _____
(hereafter the "minor child").

I hereby give my consent to have a staff member of Incarnation Lutheran Church give my minor child prescribed or over the counter medications as designated per the instructions written below, during this activity led by Incarnation Lutheran Church Vacation Bible School, on this date, June 16 – 19, 2025.

Name of Medication: _____

Instructions for dispensing medication: _____

Name of Medication: _____

Instructions for dispensing medication: _____

Name of Medication: _____

Instructions for dispensing medication: _____

Executed this ____ day of _____, 20____.

Signature: _____

Printed Name: _____

Record for when medication was given to _____:

Medicine	Date	Time	Signature