

Permission to Administer Medication during VBS

Participant's Name: _____

I, _____ (parent's name) give permission for my child's caregiver, Longview Heights Baptist Church, to administer the following medication (prescription or over-the-counter) to my child who is named above. I understand that when medication is given according to instructions, I will not hold my provider liable for any reactions or complications that may follow as a result of my child receiving this medication. LHBC will not administer the first dose of ANY medication. First dose is to be administered at home and supervised by parents for reactions. This included previously used medications, such as antibiotics.

Signature of Parent: _____ Date: _____

MEDICATION (to be filled out completely):

Name of Medicine: _____

Reason for Needing Medicine: _____

Date to start: _____ Date to finish: _____ **or** As Needed (circle)

Acceptable to be administered under these circumstances:

Amount to be administered per dose (including amount of medicine, # of times per day, etc.):

(Please make sure dosage and unit of measure is accurate).

Special instructions: _____

My child has had this medicine before: Yes No

What is the child's reaction to this medication? _____

Date	Time	Medicine/Dosage	Signature