



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 _____ of Incarnation Lutheran Church _____, on _____.

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

