

MEDICATION ADMINISTRATION AUTHORIZATION FORM

This order is valid only for the week of Vacation Bible School at The Lutheran Church of St. Andrew

This form must be completed fully in order for our nurse on duty to administer the required medication.

*Prescription medication must be in a container labeled by the pharmacist or prescriber.

*Non-prescription medication must be in the original container with the label intact

* An adult must bring the medication to VBS.

Name of Child: _____ Date of Birth: _____ Grade: _____

Condition for which medication is being administered: _____

MEDICATION	DOSAGE	ROUTE	WHEN TO GIVE
ADDITIONAL INSTRUCTIONS:			

PARENT/GUARDIAN AUTHORIZATION

I/We request the nurse on duty to administer the medication as prescribed by the above prescriber. I/we certify that I/we have legal authority to consent to medical treatment for the child named above, including the administration of medication at VBS. I/we understand that at the end of the week, an adult must pick up the medication, otherwise it will be discarded.

I/we authorize the nurse on duty to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____ Home Phone #: _____

Cell Phone #: _____ Work Phone #: _____

Order reviewed by the Parish Nurse:

Signature: _____ Date: _____

For Church use only:

Rec'd by/Date:

Form of Payment:

Recorded online by/Date:

Crew number/name _____