



Permission To Self-Administer Prescribed Medication (Confidential)

Middletown Christian Church
500 North Watterson Trail, Louisville, KY 40243
502-245-9793

Parent or Legal Guardian Authorization for Self-Administration/Self-Possession of Medication *Waiver and Release of All Claims*

Middletown Christian Church will only allow the self-administration/self-possession of medication by a minor child when the permission to Self-Administer Prescribed Medication Form has been fully completed by a parent/legal guardian. Middletown Christian Church's internal procedures on dispensing medication are available for review.

**PLEASE NOTE THAT THIS FORM IS VALID FOR THE ENTIRE PROGRAM YEAR – AUGUST THROUGH JULY.
IT IS THE PARENT'S OR LEGAL GUARDIAN'S RESPONSIBILITY TO NOTIFY THE YOUTH MINISTER OF
ANY CHANGES THAT NEED TO BE MADE DURING THE PROGRAM YEAR.**

2016-2017 Program Year

Self-administration means that the minor may administer the medication in a manner directed by the physician without additional direction or supervision by Middletown Christian Church's staff/leaders. Self-possession means that under the direction of the physician, the minor may carry medication on his or her person to allow for immediate and self determined administration. For medication other than inhalers, only that day's supply of medication is to be carried. Middletown Christian Church recommends that spare medication, properly labeled in its original container, be kept with the program/event leader in case the child runs out/forgets the medication. The leadership of Middletown Christian Church may discontinue the child's self-administration privilege upon advance notice to the parent/legal guardian.

To be completed by parent/guardian:

I request and give permission for (name of child) _____ to self-administer the prescribed medication(s)/treatment listed on the reverse side of this form during Middletown Christian Church sponsored events according to Middletown Christian Church policy and for the physician(s)/staff and church leadership/staff to share information needed to assist my child with medication needs.

- I understand it is my responsibility to give the spare or additional days of the listed medication directly to the program staff in original prescription containers clearly labeled with my child's name and the dispensing information as indicated on the reverse side of this form.
- In all cases, the recommended dosage of any medication is not to be exceeded. If, after self-administering medication, there is an adverse reaction, I give my permission to Middletown Christian Church to secure from any licensed hospital physician and/or medical personnel any and all medical services necessary.
- I recognize and acknowledge that there are certain risks of physical injury in connection with the self administering of medication by my minor child. In consideration of Middletown Christian Church's permission for the self- administration of medication by my minor child, I do hereby fully release or discharge Middletown Christian Church, and its officers, agents, volunteers, and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the self-administering of medication. I further agree to indemnify, hold harmless, and defend Middletown Christian Church, and its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child arising out of, connected with, incidental to, or in any way associated with the self-administering of medication.
- In all cases, self-administration of prescribed medication can only be changed or modified by completing another Permission To Self-Administer Prescribed Medication Form.

Parent signature

Date

Parent phone number

(OVER)

MEDICATION INFORMATION FOR SELF-ADMINISTRATION

THIS FORM MUST BE COMPLETED FOR EACH PROGRAM YEAR OR WHEN MEDICATION NEEDS CHANGE

BACKGROUND INFORMATION (Please print):

Minor Child's Name: _____ Age: _____

Address: _____

Parent/Guardian Name(s): _____

Daytime Phone: _____ Home Phone: _____

Doctor's Name: _____ Phone: _____

MEDICATION INFORMATION:

Medication Name: _____ **Dose:** _____ **Time:** _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Medication Name: _____ **Dose:** _____ **Time:** _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

Medication Name: _____ **Dose:** _____ **Time:** _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

OTHER INFORMATION:

I understand it is my responsibility to give the spare or additional days of the listed medication directly to the program leaders in original prescription containers clearly labeled with my child's name and the dispensing information as indicated above.

In all cases, self-administration of medication can only be changed or modified by completing another Permission to Self-Administer Prescribed Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the self-administration of prescribed medication by my minor child is accurate.

X _____
Signature of Parent/Guardian

Date

Processed by: _____

Date: _____