

MISSION CITY MEDICATION ADMINISTRATION AUTHORIZATION

Name: _____ Birth Date: ____/____/____

Age: _____ Circle One: Male / Female

As the parent or legal guardian of the above-named child, I give my permission to the enlisted Mission City Student Ministries Staff to administer as prescribed by law the listed below medication to my child.

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature _____ Date: _____

For Prescription Medications only.... PLEASE follow these guidelines:

In accordance with Texas Department of Health regulations: ALL Medication that is brought must be: (1) Given to Student Ministries Leadership, (2) Prescribed for the camper (not a sibling or parent), (3) In the original container with all labels intact, and (4) Correct current dosage. Dosage of non-prescription medication may not exceed product recommendation without doctor's written orders.

| Name of Medication | Dosage and Time | Special Instructions/ Route | Reason Given | Initials & Time Taken by Student and Administrator |
|--------------------|--|--|--------------|--|
| <i>Ex: Ritalin</i> | <i>1 tablet in the am before breakfast</i> | <i>(Route- Oral, topical, rectal, eyes, or ears)</i> | <i>ADHD</i> | <i>DL - 8 am EH - 8 am</i> |
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| Name of Medication | Dosage and Time | Special Instructions | Reason Given | Initials & Time Taken by Student and Administrator |
|--------------------|-----------------|----------------------|--------------|--|
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