

# VHUMC Student Ministry – Student MEDICATION AUTHORIZATION

Valid June 1, 2019 to May 31, 2020

## STUDENT INFORMATION

Student's Name: \_\_\_\_\_

Parent/Guardian Names(s): \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_

Student DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Known Drug Allergies: \_\_\_\_\_

Other Known Allergies: \_\_\_\_\_

## OVER-THE-COUNTER MEDICATION AUTHORIZATION

I, \_\_\_\_\_ (print name of parent/guardian) hereby authorize VHUMC appointed adults to administer as directed and as needed the following over-the-counter medications to \_\_\_\_\_ (print name of student).

### **PLEASE CIRCLE ONE**

Ibuprofen	YES	or	NO	Imodium	YES	or	NO
Acetaminophen	YES	or	NO	Pepto Bismol	YES	or	NO
Benadryl	YES	or	NO				

*VHUMC will stock and supply these medications on all trips.*

## PRESCRIPTION AUTHORIZATION

*Please individually list all prescribed medications to be taken by your student.*

**Medication Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Route:** \_\_\_\_\_

**Frequency/Times to be given:** \_\_\_\_\_ **Start Date:** \_\_\_/\_\_\_/\_\_\_ **Stop Date:** \_\_\_/\_\_\_/\_\_\_

**Reason for taking medication:** \_\_\_\_\_

**Potential side effects/adverse reactions:** \_\_\_\_\_

**Treatment in the event of a reaction:** \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

Is this medication a controlled substance? YES or NO

Is this medication approved to be self-administered by the student? (inhaler, Epi-pen): YES or NO

I authorize the appointed representative from VHUMC to administer or assist my student in taking the above medication.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Medication Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Route:** \_\_\_\_\_  
**Frequency/Times to be given:** \_\_\_\_\_ **Start Date:** \_\_\_/\_\_\_/\_\_\_ **Stop Date:** \_\_\_/\_\_\_/\_\_\_  
**Reason for taking medication:** \_\_\_\_\_  
**Potential side effects/adverse reactions:** \_\_\_\_\_  
**Treatment in the event of a reaction:** \_\_\_\_\_  
**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
 Is this medication a controlled substance? YES or NO  
 Is this medication approved to be self-administered by the student? (inhaler, Epi-pen): YES or NO  
 I authorize the appointed representative from VHUMC to administer or assist my student in taking the above medication.  
**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**PARENT AUTHORIZATION**

I authorize the appointed representative from VHUMC to administer or assist my student in taking the above prescription medication in accordance with the Student Ministry Medication Policy and under the directed orders as prescribed by a doctor. **I understand that additional parent signed statements will be necessary if the dosage of medication has been changed.** I also authorize the VHUMC representative to talk with the prescriber or pharmacist should a question arise concerning the medication. Prescription medication must be kept in the original prescription bottle, properly labeled with student's name, prescriber's name, name of medication, dosage, time intervals, route of administration and the date of drug's expiration when appropriate. Over-the-counter medications must be parent approved on the form above.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**SELF-ADMINISTRATION AUTHORIZATION**

(To be completed ONLY if student is authorized to complete self-care by licensed healthcare provider and it is in line with the Student Ministry Medication Policy.) I authorize and recommend self-medication by my student for the medication(s) listed below. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the church, the agents of the church, and the leadership of the church against any claims that may arise relating to my student's self-administration of prescribed medications(s).

**Medication(s) to be self-administered by student:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_