

**First Baptist Church, Tallahassee, Florida
Activity/Event Medication Authorization Form**

*NOTE: Please keep the medication in the original/prescription container and place in a Ziploc® or similar bag for the event/trip.

Name of Child _____ D.O.B. _____ Today's Date _____

Name of Medication _____

Reason for Medication _____

Email Address _____ Phone _____

Dose _____ Time/Frequency _____

Route Oral Topical Inhaled Injection Other

Date to Start _____ Date to Stop _____ Expiration _____

Additional Instructions/Comments _____

Known Side Effects _____

FOR PRESCRIPTION MEDICATION

Prescribing Health Care Provider _____

Phone Number _____

FOR CONTROLLED SUBSTANCES

Amount of Medication Received _____

Staff Member Signature _____

Staff Member Signature _____

I authorize First Baptist Church of Tallahassee, Florida personnel or volunteers to administer the medication named above to my child in the matter as stated. If my child is over the age of 12 and is authorized to possess and self-administer such medication, and agree that First Baptist Church of Tallahassee, Florida volunteers and personnel shall have no liability with respect to such medication, please initial here: _____

I release any liability in relation to the administration, handling, or taking of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

Parent/Guardian Printed Name _____ **Date** _____

Parent/Guardian Signature _____

**First Baptist Church, Tallahassee, Florida
Record of Provided Medications Form**

Name of Child _____ Name of Medication _____

Date Given	Time Given	Dose Given	Comments/ Reactions	CONTROLLED SUBSTANCES				Staff Signature
				# on Hand	# Given	# Remain	Staff Signature	Staff Signature

At the end of the event/trip the medication should be returned to _____