

South River United Methodist Church Self-Medication Permission

Youth are permitted to maintain and self-administer asthma and allergy medications, although it is the policy of South River United Methodist Church that all medications be held by authorized Adult Counselors/Volunteers.

I agree that my child, _____, is knowledgeable of his/her own treatment and is capable of self-administering the prescribed medication. I request that my child be allowed to take the prescribed medication as indicated by their physician. On behalf of my child, I release South River United Methodist Church, its officers and leaders, volunteers, and any parent/affiliate companies from any liability whatsoever that may result from my child taking the following prescribed medication(s):

Name of medication _____

Method of Administration _____

Indications for use _____

Name of medication _____

Method of Administration _____

Indications for use _____

Name of medication _____

Method of Administration _____

Indications for use _____

Signature of Parent/Guardian _____

Date _____

THE FOLLOWING IS TO BE SIGNED BY THE CHILD/YOUTH AND WITNESSED BY CHURCH STAFF:

I feel knowledgeable and competent to take my own medication as prescribed. I will not at any time share my medication with other children/youth, I will keep it secure from other children/youth, and I will take it only as needed and as prescribed by my physician.

Signature of Child/Youth _____

Date _____

Signature of Witness _____

Date _____

