

MEDICAL AUTHORIZATION FORMS

For St. Francis de Sales, 135 S. Buesching Rd. Lake Zurich, IL

Student Name: _____ Date of Birth: _____ Grade: _____ Date: _____
(Last, First, Middle)

Medications may be administered at Youth Ministry Events as authorized on the Physician's Order form. NO medication may be administered at Youth Ministry Events unless both the student's physician and parent/guardian have completed, signed, and returned this entire form to St. Francis de Sales, Youth Ministry department prior to leaving for a Youth Ministry Events, and the Medication in the original labeled container as dispensed (prescription medication) or the manufacturer's labeled container (non-prescription medication). The medication label shall contain the student's name, name of the medication, direction for use and date. If medication or dosage changes, parents need to notify us writing of this change.

PARENT/GUARDIAN PERMISSION AND AUTHORIZATION

I hereby acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the Youth Ministry Retreat Leader or his/her designee, on my behalf, to administer or to attempt to administer to my child (or allow my child to self-administer) lawfully prescribed medication and non-medication in the manner described in the Physician's Order (reverse side). I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual who does not have medical training, and I specifically consent to such practices.

I understand that this authorization is not effective unless the Youth Ministry Retreat Leader or his/her designee has approved the medication authorization for my child and signed this form in the space provided below.

I further acknowledge and agree that, when such medication is to be administered or attempted to be administered, I waive any claims I might have against St. Francis de Sales parish, Youth Ministry Retreat Leader Volunteers, the Catholic Bishop of Chicago, or any of their employees or agents arising out of the administration or attempted administration. In addition, I agree to hold harmless and indemnify St. Francis de Sales parish, Youth Ministry Retreat Leader Volunteers, the Catholic Bishop of Chicago, and their employees or agents, jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from this administration or attempted administration of said medication.

PARENT/GUARDIAN (PRINT)

PARENT/GUARDIAN (PRINT)

PARENT/GUARDIAN (SIGNATURE)

PARENT/GUARDIAN (SIGNATURE)

ADDRESS

ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

HOME PHONE

HOME PHONE

CELL PHONE

CELL PHONE

IF YOUR TEEN WIL BE BRINGING ANY PRESCRIPTION OR OVER THE COUNTER MEDICATION ON THIS RETREAT, THIS FORM MUST BE COMPLETED AND SIGNED BY YOUR TEEN'S PHYSICIAN.

PHYSICIAN'S ORDER

TO BE UPDATED BY PARENT/GUARDIAN/PHYSICIAN ANNUALLY

Student _____ Grade _____

MEDICATION/HEALTH CARE TREATMENT DOSAGE TIME(S) TO BE ADMINISTERED

INTENDED EFFECT OF THIS MEDICATION

EXPECTED SIDE EFFECTS, IF ANY

OTHER MEDICATIONS THE STUDENT IS TAKING

- 1. May student self-administer medication under supervision of Youth Ministry Leader who does not have medical training?
(PLEASE CIRCLE) YES NO

- 2. For ASTHMA and ALLERGY CONDITIONS ONLY:
I certify that this student has been instructed in the use and self-administration of this medication and is capable of self-administering this medication independently and without supervision.
(PLEASE CIRCLE) YES NO

I also request that this student be allowed to carry the above-described medication on their person during a **Youth Ministry Events** in order to facilitate the self-administration of the medication as needed.
(PLEASE CIRCLE) YES NO

Administration

Instructions:

Physician's/Prescriber's signature

Date Signed

Physician's/Prescriber's Name (PRINT)

Emergency phone number

Physician's Address

City, State, Zip Code

Medication Authorization approved or denied and signed this _____ day of _____, 2016.

BY: _____

Signature of Youth Minister or Youth Ministry Volunteer
on behalf of St. Francis de Sales Parish, 135 S. Buesching Rd., Lake Zurich, IL 60047