MEDICATION ADMINISTRATION FORM YOUTH PARTICIPANTS

(Only to be filled out if medication is to be administered)

If a youth participant needs assistance in taking prescription and/or over the counter medications, this form must be completed for every event. Medications must be turned in to a designated adult leader/chaperone or event staff member in their *ORIGINAL CONTAINERS* with the student's name clearly printed on all medications in a Ziploc® bag with the youth's name clearly printed on the outside of the bag.

YOUTH'S FULL NAME:	
I authorize a designated adult leader/chaperone or event staff member to administer the following medications to my youth (named <i>(start and end dates of event)</i>). On behalf of my youth I absolve, release, and indemnify Episc	
Square, PA, its staff, and other adult leaders/chaperones from any and all liability whatsoever that may result from my youth taki	
SIGNATURERELATIONSHIP(CUSTODIAL PARENT/GUARDIAN SIGNATURE REQUIRED)	DATE
Please list each medication separately. Additional medications or instructions may be listed on additional sheets of paper.	
MEDICATION #1:	
NAME OF MEDICATION AS IT APPEARS ON THE BOTTLE:	
DOSAGE AMOUNT AND TIME TO BE GIVEN:	
REASON FOR MEDICATION:	
MEDICATION IS (circle one): only taken as needed required per above schedule	
SIDE EFFECTS (expected and predictable):	
MEDICATION #2:	
NAME OF MEDICATION AS IT APPEARS ON THE BOTTLE:	
DOSAGE AMOUNT AND TIME TO BE GIVEN:	
REASON FOR MEDICATION:	
MEDICATION IS (circle one): only taken as needed required per above schedule	
SIDE EFFECTS (expected and predictable):	
MEDICATION #3:	
NAME OF MEDICATION AS IT APPEARS ON THE BOTTLE:	
DOSAGE AMOUNT AND TIME TO BE GIVEN:	
REASON FOR MEDICATION:	
MEDICATION IS (circle one): only taken as needed required per above schedule	
SIDE EFFECTS (expected and predictable):	