

Parent/Guardian Signature: _____ Date: _____

Growing in Faith Since 1724

PERSONAL & CONFIDENTIAL



**Derry Presbyterian Church Children and Youth Ministries
2016-2017 Medication Order**

It is the policy of Derry Presbyterian Church to not administer medication to children or youth. In the instance of an extended event or overnight trip, this form must be completed and signed by the parent and the Director of Christian Education prior to each specific event. All medication must be in its original packaging. If the child or youth has a life-threatening condition (such as asthma or severe allergies) and it is necessary to have lifesaving medication on hand at all times in the event of a reaction, it should be noted on the child or youth's General Information and Medical Form and this Medication Order must be completed new at least once per school year.

Student's Name: _____ Birth Date: _____

Student's Diagnosis: _____

Condition for which drug is being administered: _____

Drug Name: _____

Strength and Dosage: _____

Route: _____

Time of Administration: _____

Other Information: _____

I, (parent/guardian) _____ have instructed (student) _____ in the proper way to use his/her *ASTHMA INHALER OR EPIPEN MEDICATION*. He/She is capable of self-administration or the medication and should be allowed to carry to medication.

Parent Signature: _____ Date: _____

Parent Phone #: _____

Director of Christian Education Signature: _____ Date: _____