

School/Parish Archdiocese of Oklahoma City

School/Parish Year: 201_ through 201_

Additional Medication Sheet

Participants Name _____

REQUEST AND AUTHORIZATION TO ADMINISTER MEDICINES: I request and authorize the staff of the Activity to administer the medicines listed below to Participant, as indicated:

	<u>Name of Medicine</u>	<u>Dosage</u>	<u>Frequency</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

NOTE: ALL MEDICINES TO BE TAKEN OR ADMINISTERED MUST BE ARRANGED FOR IN ADVANCE AND MUST BE PROVIDED IN THEIR ORIGINAL PHARMACY CONTAINER, INCLUDING THE PARTICIPANT'S NAME AND DOCTOR'S INSTRUCTION.

SIGNATURE:

Custodial Parent/Guardian Name (please print): _____

Custodial Parent/Guardian Signature: _____ **Date** _____

ALL PARTICIPANTS FOURTEEN YEARS OF AGE AND OLDER MUST READ AND SIGN THE STATEMENT BELOW

I acknowledge that I agree to conduct myself in a manner consistent with the policies of the Youth & Young Adult Ministry and that failure to do so may result in my being required to leave the Activity, and not being allowed to participate in future programs or activities, at the discretion of the Youth & Young Adult Ministry.

SIGNATURE

Participant's Signature _____ **Date** _____