



Authorization To Give Medication
Good Shepherd Lutheran Church
Woodstock, GA

Child's Name _____

I authorize Good Shepherd Lutheran Church to assist my child in taking this medication. I understand that:

- Medications sent in an unlabeled container will not be given.
- Written permission of the parent/guardian is required for the administration of all medications.

Name of Medication: _____

Dose: _____

Method administered (mouth, injection, inhaler, etc.) _____

Times to be given: _____

Date to discontinue medication: _____

Possible side effects, if any: _____

Licensed Health Care Provider: _____

Licensed Health Care Provider's Phone: _____

I hereby release and discharge and further agree to indemnify, hold harmless, or reimburse Good Shepherd Lutheran Church, its employees and volunteers, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. And, I hereby release said aforementioned employees and volunteers from any liability, suite or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request.

Parent/Guardian Signature

Date

Home Phone _____ Work Phone _____ Cell Phone _____

