

**CHRIST COVENANT YOUTH MINISTRIES**  
**MEDICATION ADMINISTRATION FORM**

If student needs assistance in taking prescription and/or over the counter medications, this form must be completed. Medications to be in original bottles with student's name on all medications and put into ziplock bag with student's name on outside of bag.

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize the Christ Covenant Youth Ministries Staff or Designated Adult Leader to administer the following medications to my student (named above) during the dates of \_\_\_\_\_ (*beginning and ending dates of retreat*). On behalf of my student I absolve, release and indemnify Christ Covenant Church, its officers, agents, and employees from any and all liability whatsoever that may result from my student taking or not taking this medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list each medication separately. Please print or type.

**Medication #1**

Name of Medication exactly as it appears on 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): \_\_\_\_\_

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**Medication #2**

Name of Medication exactly as it appears on 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): \_\_\_\_\_

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**Medication #3**

Name of Medication exactly as it appears on 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): \_\_\_\_\_

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**Medication #4**

Name of Medication exactly as it appears on 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): \_\_\_\_\_