

Medication Administration Form

- All medications (prescription and over the counter medications) must be included on this form.
- All medications must be in their original containers per Texas Department of State Health Services.
- All medications must be placed in a large Ziploc bag, along with this form, and given to the designated church leader at check-in.
- A copy of this form must be submitted to the church office at least one week prior to the date of the event.

Name: _____ Age: _____

As the parent or legal guardian of the above named child, I give my permission to who Crossroads Baptist Church assigns to administer to my child the medication listed below.

 Parent/Guardian Signature Date (____)_____ Contact Phone #

Print Parent/Guardian Name

				Please Check When to Give				
Medication	Form (pill, liquid, inhaler)	Dosage (amount to be given)	Purpose	Bkft	Lunch	Dinner	Bedtime	As Needed