Go Make Disciples
ARCHDIOCESE OF OKLAHOMA CITY

7501 Northwest Expressway, Oklahoma City, OK 73132
PO Box 32180, Oklahoma City, OK 73123

rev. 05.2024

First and Last Name of Participant: _____ M/F: ____ Date of Birth: _____

MEDICATION CONSENT FORM FOR MINORS

The following Consent Form is to be used in conjunction with the FIELD TRIPS, OFF-SITE EVENTS & PILGRIMAGES FOR MINORS INFORMATION & PERMISSION FORM and the ANNUAL PERMISSION FORM & GENERAL RELEASE FOR MINORS: RELIGIOUS FORMATION & ACTIVITIES. This Consent Form is to be used if a child requires medication during a field trip, off-site event, pilgrimage, conference, extended on-site activity, or other similar event ("Event") as provided by an Archdiocesan Entity, a part of the Archdiocese of Oklahoma City ("Archdiocese") for minors. The custodial parent/guardian must complete this form and return to HOLY FAMILY, LAWTON ("Parish") before the planned Event. Parents/guardians are responsible for reporting any changes in the minor's ("Participant") medical care to the Parish.

REQUEST & AUTHORIZATION TO ADMINISTER MEDICATIONS

1. Permission for Prescription Medications: I, the undersigned Parent, the custodial parent and/or legal guardian of the minor ("Participant"), request and authorize the staff of the Activity to administer the medications listed below to Participant, as indicated:
Name of Medicine, Dosage, Frequency.

1. _____

2. _____

3. _____

4. _____

5. _____

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. (Attach extra sheets if necessary)

2. Permission for Non-Prescription Medications: I, the undersigned Parent, the custodial parent and/or legal guardian of the minor ("Participant"), hereby grant _____ do not grant _____ permission for non-prescription medication (such as non-aspirin products, i.e., acetaminophen or ibuprofen, throat lozenges, etc.) to be given to Participant, if deemed appropriate.

_____	_____	_____
Printed Name of Parent / Legal Guardian	Signed Name of Parent / Legal Guardian	Date Signed ("Effective Date")

_____
Telephone Number of Parent/ Legal Guardian

Document Retention Policy: Archdiocesan Entities are required to store and otherwise retain this document for a period of two (2) years from the Effective Date. A digital copy of this document is sufficient for the purposes of this retention policy. This document, hard copy or digital, may be provided to the Chancery for storage at the discretion of the Archdiocesan Entity.