

**ALASKA/BC CHURCH OF GOD STATE OFFICE
MEDICATION AUTHORIZATION**

It is the policy of the Alaska/BC Church of God State Office that medication may be dispensed during Youth Camp only when the camper's health requires that the medication be given during Camp. This form, or a written statement signed by the parent, is required for all medication prescribed/dispensed during Camp.

Camp Nurse: Hazel O'Neill Roman

Name of Student _____

Medication name(s)

My son/daughter can carry/administer their own inhaler without assistance from the Nurse: Yes: ___ No: ___

Dosage, route of administration _____

Time(s) to be given _____

For treatment of _____

Possible side effects _____

Special instructions _____

Date _____

TO BE COMPLETED BY THE PARENT AND RETURNED TO CAMP NURSE BEFORE MEDICATION MAY BE ADMINISTRED:

I hereby give permission for my child to receive the above listed medication(s) at Youth Camp, as prescribed by my child's health care provider. Permission is also given to the Camp Nurse, if necessary, to contact the health care provider regarding this treatment.

I agree to save, defend and hold harmless the Alaska/BC Church of God state office, its employees, elected or appointed officials, from any liability or damages as a result of the administration of this medication or the effects of the medication. I agree to notify the Alaska/BC State Office or Camp nurse immediately of any changes in medication dosage, adverse or ill effects from the medication, or discontinuance of the medication.

Date _____ Parent signature _____