

SACRED HEART YOUTH MINISTRY

Release from Physician and Parent for Staff to Administer Medication to Child/Youth

All medications (whether prescription or over the counter) shall be brought to the parish by the parent/guardian in the original labeled container and shall be picked up at the end of the period of medication, or at the end of the religious education cycle. In order to administer, **all prescribed medications require a written doctor's order.**

A child/youth is not permitted to self-administer any medication during religious education hours. (A child/youth needing life saving medication is an exception to this rule, but must have proper documentation from his/her physician on file in the Parish Office of Religious Education/Formation.)

- The Parish Office of Religious Education/Formation shall not be responsible for any diagnosis and treatment of a child's/youth's illness.
- The administration of medication to a child/youth during religious education hours will be permitted only when failure to take such medicine would jeopardize the health of the child/youth, or the child/youth would not be able to attend religious education if the medicine were not made available to him/her during program hours.
- For the purposes of this policy, medication shall include all medicines prescribed by a physician for the particular child/youth, including emergency medication in the event of bee stings, etc.
- Before **any** medication may be administered to or by any child/youth during religious education hours, the Parish Office of Religious Education/Formation shall require a written request from the parent/guardian who shall give permission for such administration, and relieve the Parish Office of Religious Education/Formation, the Diocese and its employees and volunteers of liability for administration of medication. *Please complete the form below.*

CHILD'S/YOUTH'S NAME: _____ Age: _____

HEALTH CARE PROVIDER:

Diagnosis: _____

Name of Medication: _____

Dosage/Instructions for the administration of Medication: _____

Possible Side Effects: _____

Personnel of the Parish Youth Ministry Program of _____ Parish
have permission to administer the above medication as prescribed:

Doctor's Signature: _____

Physician's stamp: _____

Date: _____ Phone Number: _____

PARENT/GUARDIAN:

**I hereby release the Diocese of Metuchen, the parish of _____
and any and all of their representatives or agents from any and all claims or liability arising
from the administration of said medication.**

Parent/Guardian Signature: _____

Date: _____ Phone Number: _____ Cell: _____

Parish Catechetical Leader's Signature: _____

Date: _____

EFFECTIVE FOR ONE (1) YEAR.