



POLICY FOR ADMINISTRATION OF MEDICATIONS BY DIOCESE OF VICTORIA DESIGNEES

This form specifically pertains to "over the counter" medications and prescription medications provided by the legal guardian for participants in parish/diocesan sponsored activities.

- A. Medications prescribed by a licensed healthcare provider and dispensed by a registered pharmacist may be administered for the duration of the parish/diocesan activity by authorized diocesan designee and only with this signed Medication Request Form.
B. "Over the Counter" medication provided by the parent may be administered for the duration of the parish/diocesan activity by authorized parish/diocesan designee only with this signed, complete Medication Request Form.
C. A prescribed medication may be administered for as long as the licensed healthcare provider requests based on the directions provided on the prescription. No medication shall be administered after its expiration date has passed.
D. All prescribed and "over the counter" medication must be in the original container and properly labeled.
E. Medication Request Form must be signed by the parent or legal guardian.

Please complete this form only if your child will need medication administered during the event. Children MAY NOT keep their own medication with them, except for an epinephrine (epi-) pen, insulin, and/or an inhaler.

MEDICATION REQUEST FORM

Event: Holy Family Youth Events and Classes Date range of event: June 1, 2020- May 31, 2021
Child's Name: Date of Birth:

Table with 4 columns: Name of Medication, Dosage, Route: (oral, inhaled, etc.), Time/Frequency Taken. Contains 6 empty rows for data entry.

Will there be any restriction for activities while on any above listed medication? If "yes" please list any restrictions or special instructions:

Three horizontal lines for writing restrictions or special instructions.

I consent for this medication to be administered by a parish/diocesan/school employee or volunteer of the Diocese of Victoria. I further release the Diocese of Victoria and its personnel from any liability resulting from any adverse effect that this medication may cause when dispensed at parish/diocesan activities. I understand that if I do not agree to this policy, "over the counter" medications and prescription medications provided by the legal guardian for participants will not be administered at the above mentioned event.

Date: Parent or Legal Guardian Signature: