



**CATHEDRAL YOUTH MISSION 2010
AUTHORIZATION TO DISPENSE MEDICATION**



Destination Nashville, Tennessee (July 21 - 25, 2010)

Name of Child _____

Name of Authorizing Parent (PRINT) _____

Parent's Signature _____

Date _____

I am sending the following medications with my child. I understand that all medications (prescription and over-the-counter) must be given to the designated adult sponsor for the duration of the trip.

Note: Prescribed medications must be in an original pharmacy container with the correct name, date, instructions, and physician's name on the label.

Name of medication:	Usual dosage:
I. _____	_____
II. _____	_____
III. _____	_____

Situations under which it should be administered:

I. _____

II. _____

III. _____

The adult sponsors will carry the following over-the-counter medications. Please place a checkmark by any medications your child may receive. All medications will be dispensed according to the package instructions.

Ibuprofen (Advil or Motrin) _____

Sinutab _____

Please note below any medications that your child is allergic to or experiences adverse reactions when taken:



**CATHEDRAL YOUTH MISSION 2010
PERMISSION AND LIABILITY/RELEASE FORM**



I hereby grant permission for my child to participate in the Cathedral of St. Philip Youth Group event listed below. I understand that such an activity involves some risk of illness or injury to the participant. I do hereby release, to the fullest extent permitted by law, the Cathedral of St. Philip and its related or connected organizations, officers, agents, employees, representatives, successors, assigns, and all others of and from any and all responsibilities, claims, and expenses, personal injury, wrongful death or liability for injuries or damages of any kind resulting from the participation of my child in the event. In case of emergency, I hereby grant permission to hospitalize, administer treatment, order anesthesia, medication or surgery for my child as named below. I understand every effort will be made to notify me.

Youth: _____ **Youth Email:** _____

Circle T-Shirt Size (Adult sizes): **S** **M** **L** **XL**

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My child requires **medication** (including dosage) as noted below.

Parent's/Guardian's Signature	Date	Phone #
_____	_____	HOME _____ CELL _____

Address

Parent Email: _____

Emergency Contact (DURING THE EVENT)	Phone # (DURING EVENT)
_____	HOME _____ CELL _____

Medical Insurance Co. /Patient Number

Physician's Name	Physician's Phone #
_____	_____

I would like to contribute \$ _____ to the youth scholarship fund.

STUDENT COVENANT

I understand that rules and expectations will be set for this event and will be explained by the adult in charge. I agree to obey them and the adult in charge, and I will behave in a responsible manner, realizing that I am a member of this community of faith. If I do not, I understand that I may be sent home at my parent's/guardian's expense. I also agree to participate in designated weekend activities with a positive, encouraging, and community-driven attitude.

Student Signature: _____ **Date:** _____