



MEDICATION RELEASE FORM

I, as Parent or Guardian of [child's name] _____, do hereby give permission to the staff and volunteers of Abundant Life Foursquare Church to administer over the counter and/or prescription drugs as necessary and appropriate to my child. I recognize this form is valid for the current calendar year (and includes January 1st of the following year) or until replaced by me.

MY CHILD **MAY** RECEIVE THE MEDICATIONS CHECKED BELOW:

- None
- Ibuprofen (Advil)
- Acetaminophen (Tylenol)
- Guaifenesin (Robitussin)
- Calcium Bicarbonate (Tums)
- Bismuth Subsalicylate (Pepto Bismol)
- Loperamide (Imodium)
- Antihistamine (oral and topical)
- Antibiotic Ointments (Neosporin)
- Aspirin
- Nasal / Sinus Congestion Medications
- Other _____
- Other _____
- Other _____

PRESCRIPTION NOTIFICATION

My child has a prescription(s) and/or regular OTC medication(s):

| NAME OF MEDICATION | DOSE | FREQUENCY | SPECIAL INSTRUCTIONS |
|-----------------------|--------|-----------------------|----------------------|
| Example: Medication X | 1 pill | Breakfast and bedtime | Take with food |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

** Please provide medications in their original containers. **

Are there side effects or drug interactions we need to be aware of? Please describe:

Parent or Guardian Signature: _____ Date: _____