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 drugs as necessary and appropriate to the said 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 following medications checked below:

- ☐ None
- ☐ Ibuprofen (Advil)
- ☐ Acetaminophen (Tylenol)
- ☐ Gualfenesin (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:** _____