

Lutheran Church of the Resurrection  
**Request and Authorization to Dispense Medication**

This signed form must accompany all medication (prescription or over-the-counter). The medication must be in its original container and must have your child's name on the label. Medications are turned in to the VBS Supervisor or Health Aide each morning and will be sent home with your camper each day.

***Place medications in a Ziploc bag with this form. Please include a picture.***

Child's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason for Taking: \_\_\_\_\_

Dosage/Timing: \_\_\_\_\_

Special instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that Volunteers and staff of the Lutheran Church of the Resurrection will not assume any liability for dispensing the above medication. I am welcome to remain with my child to dispense the medication myself.

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_