

## Dispensing Medication to Dependent Adults and Minors Guidelines – SCC

For safety reasons, dependent adult and minor participants (“Participants”) may not hold, transport, carry, or otherwise be in possession of any prescriptions or non-prescription medications while on a church-sponsored trip, except as required by law or governmental regulation.

### I. Parental Responsibilities

If a Participant needs to take prescription or non-prescription medicines, the parent/ guardian must complete the **Medication Information and Permission to Dispense Medication** Form.

1. Deliver this completed form AND the prescription and non-prescription medication in its original bottle or in a clearly marked container that includes the Participant’s name, medication, dosage, and time of day medication is to be given.
2. Verbally communicate with SCC staff or medical professionals and Lay Leaders regarding specific instructions for medication.

### II. Required Medication Dispensing Procedures

1. Ensure the form is fully completed and signed by the parent/guardian prior to the dispensing of any medication.
2. Ensure only authorized SCC staff or medical professionals and Lay Leaders accept medication.
3. Verbally communicate with the parent or guardian regarding any specific instructions regarding the dispensing/storage of the medication. It is also the responsibility of those receiving medication to properly store medication in a locked container or in a locked refrigerator if needed. It is extremely important that stored medication is out of the reach of other Participants and particularly minors.
4. Obtain copies of releases, internal procedures, medical information forms, and medication logs when receiving the medication to be transported to the location of the event. All medication stored at a program site must be secured and only available to authorized SCC representatives and Lay Leaders.
5. SCC program leaders responsible for dispensing medications must strictly follow all written instructions on the medical information form, individual dose envelopes, and any information contained on the original container label. If conflicting dispensing information exists, do not administer the medication until the parent, guardian or physician is reached by phone to clarify instructions.
6. Unless otherwise arranged, only SCC staff or medical professionals and Lay Leaders will be allowed to dispense medication.
7. At the discretion of the program leaders, Participants who use asthma inhalers or epinephrine auto injector (Epi-pens) may be allowed to carry these medications with them at all times. However, these medications must be listed on the Participant’s list of medications and program leaders must consult with the parent/guardian.
8. Persons responsible for dispensing medication must complete the information on the medication log form.
9. Return Medication Information and Permission to Dispense Medication Forms to Legal Department after event.
10. Return Medication Logs to Legal Department after event.

# Medication Information and Permission to Dispense Medication Form

Complete for each program/event.

## PARTICIPANT INFORMATION:

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's/Guardian's Name(s): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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## MEDICATION INFORMATION:

Name of Medicine: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_

Time(s) of day for dosage: \_\_\_\_\_

Route of administration (e.g., mouth, nose, eyes, ears): \_\_\_\_\_

Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

Name of Medicine: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_

Time(s) of day for dosage: \_\_\_\_\_

Route of administration (e.g., mouth, nose, eyes, ears): \_\_\_\_\_

Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

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Name of Medicine: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_

Time(s) of day for dosage: \_\_\_\_\_

Route of administration (e.g., mouth, nose, eyes, ears): \_\_\_\_\_

Special Instructions:

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OTHER INFORMATION:

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**PERMISSION TO DISPENSE MEDICATION AND LEGAL RELEASE:**

On behalf of myself and my dependent adult or child (referred to above as the Participant, and hereafter as “my dependent”), I hereby fully and forever release and waive and agree not to bring or cause to be brought any and all claims, demands, actions or causes of action of every possible kind and nature whatsoever (including without limitation, any claim of negligence) I might assert, whether or not absolute, known or unknown, or otherwise against Southeast Christian Church of Jefferson County, Kentucky, Inc. or any of its elders, officers, employees, agents, lay leaders or volunteers (all being hereafter collectively referred to herein as the “Releasees”) by reason of, arising out of or relating to the administration of medication to my dependent in accordance with instructions that I set out above. I also give permission to the Releasees to contact and discuss my dependent’s medical condition with the medical professionals I listed above or such other professionals as may be necessary. I attest that I am either (1) the parent and custodian of my dependent named herein, or (2) the duly appointed legal guardian of my dependent named herein.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_, 20 \_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_, 20 \_\_\_\_

**MEDICATION LOG**

Year \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Medication: \_\_\_\_\_

Event: \_\_\_\_\_ Dosage: \_\_\_\_\_

*(only one medication per chart)*

Date:														
Time:														
Initials:														

**MEDICATION LOG**

Year \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Medication: \_\_\_\_\_

Event: \_\_\_\_\_ Dosage: \_\_\_\_\_

*(only one medication per chart)*

Date:														
Time:														
Initials:														

**MEDICATION LOG**

Year \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Medication: \_\_\_\_\_

Event: \_\_\_\_\_ Dosage: \_\_\_\_\_

*(only one medication per chart)*

Date:														
Time:														
Initials:														

**MEDICATION LOG**

Year \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Medication: \_\_\_\_\_

Event: \_\_\_\_\_ Dosage: \_\_\_\_\_

*(only one medication per chart)*

Date:														
Time:														
Initials:														