



Lake Junaluska Children's Ministry  
Permission to Administer Medication

I, \_\_\_\_\_ Parent/Guardian of

\_\_\_\_\_ (child) give my permission to the Lake Junaluska Assembly Children's Ministry Team to administer all appropriate and necessary First Aid care. This may include cleaning and applying necessary medication to treat minor cuts and scrapes.

I also give permission to apply the necessary amount of sunscreen protection to my child as necessary.

This authorization is valid from \_\_\_\_\_ to \_\_\_\_\_.

IF my child requires daily medication, I authorize Leslie Massie, Director, to administer this medication as prescribed.

(Medication is kept in a locked cabinet in the main office.)

Name of medication(s) \_\_\_\_\_

Dosage \_\_\_\_\_

This authorization is valid from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Signature, Parent/Guardian

Today's date \_\_\_\_\_