

**ST. MARY OF THE ASSUMPTION**  
**HS/CFF / VBS / YOUTH MINISTRY / SACRAMENTAL PREP / CO-OP**  
**ADDENDUM TO WAIVER & RELEASE AGREEMENT FOR MINOR PARTICIPANT**  
**PERMISSION TO GIVE MEDICATION TO MINOR PARTICIPANT**

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

Medication / Purpose of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time for Medication Dosage: \_\_\_\_\_

Special Instructions for Medication Administration: \_\_\_\_\_

Potential Side Effects: \_\_\_\_\_

Emergency Contact Regarding Medication: \_\_\_\_\_

I hereby grant permission for any **“Parish”** or Archdiocesan employee, teacher, coach, athletic trainer, staff member, or volunteer to administer the above-described medication, according to the above-described directions and cautions, to my minor Child during the Activities. I acknowledge and agree that I have given at least one dose of the medication to my Child without any evidence of negative side effects or adverse reactions. I understand that it is my responsibility to provide my Child’s medication in its original container and labeled with my Child’s full name and dosage instructions. I understand that I also must supply the appropriate measuring device necessary to administer the accurate dose of medication. I authorize the Archdiocese to contact my Child’s healthcare provider for more information and instruction regarding the medication and my Child’s health, if necessary. I PROMISE NOT TO SUE THE ARCHDIOCESE FOR ANY CLAIMS ASSOCIATED WITH ADMINISTRATION OF MEDICATION TO MY CHILD DURING THE ACTIVITIES, INCLUDING ANY CLAIMS OF NEGLIGENCE.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

**Before the Activities:**

Amount of Medication Provided to Archdiocese for the Activities: \_\_\_\_\_

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Parent/Guardian

**During the Activities:**

Date / Time	Amount of Medication Administered	Signature of Medication Administrator

**After the Activities:**

Amount of Medication Provided Returned to Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Parent/Guardian