



**POLICY FOR ADMINISTRATION OF MEDICATIONS
BY DIOCESE OF VICTORIA DESIGNEES**

This form specifically pertains to “over the counter” medications and prescription medications provided by the legal guardian for participants in parish/diocesan sponsored activities.

- A. Medications prescribed by a licensed healthcare provider and dispensed by a registered pharmacist may be administered for the duration of the parish/diocesan activity by authorized diocesan designee and only with this signed, complete Medication Request Form.
- B. “Over the Counter” medication may be administered for the duration of the parish/diocesan activity by authorized parish/diocesan designee only with this signed, complete Medication Request Form.
- C. A prescribed medication may be administered for as long as the licensed healthcare provider requests based on the directions provided on the prescription. No medication shall be administered after its expiration date has passed.
- D. All prescribed and “over the counter” medication **must be in the original container and properly labeled.**
- E. Medication Request Form must be signed by the parent or legal guardian.

Please complete this form only if your child will need medication administered during the event. Children MAY NOT keep their own medication with them, except for an epi-pen or an inhaler.

MEDICATION REQUEST FORM

Event: Rocky Mountain High Retreat Date range of event: July 4-12, 2026
Child’s Name: _____ Date of Birth: _____

Name of Medication:	Dosage:	Route: (oral, inhaled, etc.)	Time/Frequency Taken:

Will there be any restriction for activities while on any above listed medication? If “yes” please list any restrictions or special instructions:

I consent for this medication to be administered by a parish/diocesan employee or volunteer of the Diocese of Victoria. I further release the Diocese of Victoria and its personnel from any liability resulting from any adverse effect that this medication may cause when dispensed at parish/diocesan activities. I understand that if I do not agree to this policy, “over the counter” medications and prescription medications provided by the legal guardian for participants will not be administered at the above mentioned event.

Date: _____ Parent or Legal Guardian Signature: _____