PRESCRIPTION MEDICATION WAIVER	PEACEBUILDERS INITIATIVE

The Catholic Theological Union/Peacebuilders Initiative will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

_____

I, _____, the parent/guardian of _____

(Print Name) (Print Name)

give permission to the staff of the Catholic Theological Union/Peacebuilders Initiative to

administer to my child_____

(Name of Medication)

I understand it is my responsibility to give the medication directly to the program staff in the original prescription containers, clearly labeled, with the following information:

PARTICIPANT'S NAME:_____

NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTION:

_____

_____

RELEASE OF ALL CLAIMS FORM	PEACEBUILDERS INITIATIVE

THIS SECTION SHOULD BE FILLED OUT BY ALL PARENTS – FOR PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Catholic Theological Union/Peacebuilders Initiative to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the Catholic Theological Union/Peacebuilders Initiative administering medication to my minor child, I do hereby fully release or discharge the Catholic Theological Union/Peacebuilders Initiative and its officers, agents, volunteers, and employees from any and all claims from injuries, damages, and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless, and defend the Catholic Theological Union/Peacebuilders Initiative and its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

_____ _____

Signature of Parent or Guardian Date