



Colorado DeMolay – Medication Permission Form

Attendees required to take medication(s) prescribed by a physician during DeMolay events will be required to submit this signed parent request form with registration. All medication must be turned over to the designated DeMolay advisor when registering.

Parent Request that a designated DeMolay Advisor administer Medication

I request that medication be administered to my child by the designated DeMolay Advisor in accordance with the following instructions.

Medication: _____ Possible Side Effects: _____

Medication: _____ Possible Side Effects: _____

Medication: _____ Possible Side Effects: _____

I understand that it is my responsibility to furnish this medication in a pharmacy labeled container indicating; child's name, name of drug, dosage, and instructions for administration.

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the designated DeMolay Advisor, the undersigned parent or guardian agrees to release Colorado DeMolay and its Advisors from any legal claim which they now have or may hereafter have arising out of side effects or other medical consequences of the medication.

I hereby give my permission for: _____
to take the above named prescription as ordered at a DeMolay event.

Parent/Guardian signature _____

Date: _____