



FORM C: Prescription Medication Inventory
Diocese of Wilmington
Parish/Diocesan Institution Trip/Event
Consent and Release for Medication

My child (please print full name) _____ is on Prescription Medication that will need to be administered during the CYM event. By completing and signing this form, I certify that the information is an accurate representation of my child's doctor's prescriptions.

When completing the chart, please be as specific as possible for cleared adults to help your child remember the schedule.

Medication name	Purpose of Drug	Amount taken	Time of Day	# Times Taken per day	Other Instructions (ex. Take with food)
			(AM/PM)		
			(AM/PM)		
			(AM/PM)		
			(AM/PM)		

By my signing this, I release CYM Staff, The Office for Catholic Youth Ministry, additional chaperones, and the Diocese of Wilmington from any and all liabilities and waive all claims against them. I also give my permission for the aforementioned event coordinator and other qualified adults to obtain proper medical treatment for my child should it become necessary.

Signature of Parent/Guardian: _____
Relationship to Participant: _____ **Date:** _____