

MEDICATION/EMERGENCY AID CONSENT FORM

Prescription or Non-Prescription _____

Student name _____

Name of medicine _____

Physician name _____

Specific instructions on administration of medication. Amount/time to be given/times per day/any special instructions. Peninsula Bible Church Cupertino is comfortable following an agreed upon plan by parent/doctor.

Write plan here:

Administrative Statement

Any pupil who is required to take, during the day, medication prescribed for them by a physician, may be assisted by church staff or other designated personnel if the church receives (1) a written statement from such physician/parent detailing method, amount, and time schedules by which such medication is to be taken.

The student is to bring the medication on trip and adhere to agreed upon plan. It must be in original container. All medication must have the student's name clearly marked on container. This form must be completed before medication will be administered.

PARENTAL CONSENT FOR ADMINISTERING MEDICATION

I give Peninsula Bible Church Cupertino staff and other personnel the permission to give my child first last the medication listed above. As parent or legal guardian, I hereby agree to release Peninsula Bible Church Cupertino from all liability, claims, damages, harmful effects, or expenses arising out of the administration of the medication and/or for any adverse effects or reactions attendant to the administration of the medication to the student.

Parent Name _____

Signature (parent) print and sign _____

DATE _____

PERMISSION TO RENDER EMERGENCY AID

In case of medical emergency, I hereby give permission to the group leader to order medical treatment, including needed tests and x-rays, for my child(ren). Of course, I understand that an attempt will be made to reach me by telephone immediately after any injury and when the diagnosis is completed. I understand that my medical insurance is primary and that I will be responsible for all expenses due to any injuries to my student as a result of participation in this event.

- * By signing in the box below, I certify that I am the parent/legal guardian of the applicant and that I have read and agree to the 'Release of Liability Waiver' and 'Permission to Render Emergency Aid' stated above.

Insurance information _____

Doctor's Information _____

Emergency Contact #1

Name _____

Phone Number _____

Emergency Contact #2

Name _____

Phone Number _____