

Calvary Baptist Church

6824 Pine Forest Road, Pensacola, FL 32526

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Medication Administration Permission Form

Student's Information:

Name: _____

Birthdate: ____/____/____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION:

Parent/Guardian: _____

Home Phone:(_____) _____ Work Phone:(_____) _____

Secondary Contact: _____

Relationship: _____ Mobile Phone:(_____) _____

Work Phone:(_____) _____

PERSONAL MEDICAL INFORMATION

Physician's Name: _____

Physician's Phone:(_____) _____

Physical limitations (asthma, diabetes, allergies, etc.) and/or special instructions (allergic to certain meds, rare blood type, wears contact lenses, etc.):

List all medications taken on a regular basis and/or any brought with you to Camp (prescription medications MUST have a pharmacy label and name of doctor):

I/We, the parent(s) /legal guardian(s) of the above names student request that, in my absence, an appropriate adult leader with the ministry of Calvary Baptist Church administer the prescribed medication noted on this form as directed. I/we understand that any prescribed medication MUST:

1. Be in the original prescription container bearing the prescription label and doctor's name;
2. Medications will be dispensed in accordance with the noted instructions by the parent/guardian insofar as they are consistent with the prescription instructions -OR- in accordance with additional instructions from the child's attending physician;
3. Medication must be inventoried and accepted by the adult leader when it is given to the leader;

4. Any deviation from the directed schedule will be noted on the log and, if deemed necessary, will require a verbal authorization by phone with the parent prior to administering;

Furthermore, I/we request that the ministry leaders also dispense non-prescription medication (such as Tums, Advil, Tylenol, etc) that I/we have provided to the leaders as deemed necessary by the leader and consistent with label instructions. No student is permitted to maintain his/her own supply of non-prescription or prescribed medication; rather, he/she must seek it from the adult leader responsible for maintaining custody of the medication.

Furthermore, I/we, the parent(s)/guardian(s) agree to hold harmless forever the ministry leaders, Calvary Baptist Church, and any other officers or directors of the church/corporation insofar as the instructions to administer the medications herein were followed.

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Witnessed by: _____

Printed Name/Date: _____

