

2025 Pacific NW Lutheran Brethren Bible Camp (LBBC)

EMERGENCY CONTACT AND MEDICAL RELEASE FORM

(One Form per Family. This Form must be signed.)

In case of an emergency, I hereby give permission to the physician chosen by the Camp Board or Staff of the LBBC to secure treatment, hospitalization, order injections, anesthesia, or surgery for my child/children.

I authorize Camp Staff to dispense non-prescription medication (ibuprofen, acetaminophen, Benadryl, etc.) to my child, (list names) _____

Emergency Contact _____ Phone #: _____

Contact person at Camp: _____

Special Needs/Allergies: _____

Parent/Guardian name ⇨ _____ Date: _____

Signature ⇨ _____

ADMINISTRATION OF PRESCRIPTION MEDICATION FORM

- All prescription medications* must be checked in and dispensed by Camp Nurses and the Authorization below must be completed and signed by a Parent/Guardian.
- A separate form must be completed for each Camper requiring prescription Medication.
- * Inhalers: If to be self-administered by camper, a parent/guardian **must** initial here _____

Camper's Name: _____

Physician's Name: _____ Phone # _____

Medications: [Name, Dosage, Time(s) to be given, Method of Administration, Storage Instructions]

- Any other special requirements or needs (INCLUDE ALLERGIES): _____
- I certify that a valid health reason exists requiring that the medication be administered while attending the Lutheran Brethren Bible Camp (LBBC).
- I request and authorize that the above named camper be administered the above identified medication in accordance with the instructions indicated.
- I certify that I am the parent/guardian in legal control of the above named camper.
- I have read this form. I request and authorize staff of LBBC to administer the medication prescribed.
- The medication will be furnished by me, in the original prescription container.
- I understand that my signature indicates that the LBBC accepts no liability for untoward reaction when the medication is administered in accordance with the instructions/directions provided.
- I also agree that because of the camp's schedule and other responsibilities of camp staff members, it is permissible for dosage or dosages to be delayed or missed.
- You have my permission to communicate freely with the above named physician.
- I understand that Warm Beach Christian Camps and Conference Center is in no way involved with this medication administration and I agree to hold them harmless regarding such administration by LBBC staff.

Signature is required to dispense any prescription medications.

Parent/Guardian name ⇨ _____ Date: _____

Signature ⇨ _____