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## CHILD/YOUTH MEDICAL INSTRUCTION FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please explain Medical Concern: \_\_\_\_\_

Please indicate any Medications Child is On: \_\_\_\_\_

Please give detailed instructions on any care needed: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

GBF Volunteer/Staff: \_\_\_\_\_

**\*\*\*As per our policy, Gorrie Bible Fellowship workers (paid or unpaid) are not to give or apply any medication. If a child needs medicating, the parent must give it. No medication should be left in the building or with a worker or child. In extreme cases (i.e., severe allergies, ventilators, insulin etc.) arrangements should be made with written instructions and the permission of the child's parents.\*\*\***