



VACATION BIBLE SCHOOL

Child's Full Name: _____

Allergies: _____

Emergency Contact: _____

Emergency Phone #: _____

The Medical Representative of the Encounter Children's Ministry will monitor all medications and collect any prescription and non-prescription medications from the parents for the above mention child upon arrival to event as well as administer medication at appropriate times throughout the event.

RELEASE/WAIVER

I/we, the parent or legal guardian, do hereby release and acknowledge consent to allow the Medical Representative for the above stated event to collect and administer prescription and non-prescription medication to my child throughout the period of the above stated event. I/we also give permission for the attending Medical Representative to administer the following medications as directed on medication as needed during this event:

_____ Tylenol _____ Benadryl _____ Antibiotic Ointment _____ Ibuprofen

_____ Benadryl cream _____ Sudafed _____ Robitussin _____ Dramamine

_____ Hydrocortisone cream Other(s): _____

Parent/Legal Guardian's Signature

Date

Received by: _____ Date: _____