

Emergency Medication Administration Release Form

Child's Full Legal Name: _____

Child's VBS Crew: _____ **Child's Date of Birth:** ____/____/____

I request that an employee or volunteer of JupiterFIRST Church administer emergency medication, only if needed in an emergency, to my child during VBS. I will provide the medication in original packaging with original dosage information and instructions to a crew leader at JupiterFIRST Church each day my child attends VBS. I will pick up the medication from the crew leader at the end of each day. I will not hold JupiterFIRST Church, employees, and volunteers responsible for any undesired reaction that may occur from this medication. I agree to not hold JupiterFIRST Church responsible for any costs incurred if medical transportation or treatment is required, should my child have a reaction to the medication. I release JupiterFIRST Church, employees, and volunteers of liability for any incident that arises from administering emergency medication that I request to be given to my child.

PLEASE SIGN IN THE PRESENCE OF A NOTARY:

Print Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

TO BE COMPLETED BY NOTARY:

The foregoing instrument was acknowledged before me this ____ day of _____ 20__ by

(Name of Affiant) _____ who is __ personally

known to me or who has ____ produced _____ as identification.
(write type of identification and identification number.)

Signature of Notary: _____

Complete Information Below:

Name of medication: _____ **Dosage:** _____

In case of emergency call:

Parent: _____ **Phone:** _____

Hospital: _____ **Phone:** _____

Doctor: _____ **Phone:** _____

Medication Policy:

1. An Emergency Medication Administration Release Form must be signed before any emergency medication will be given at VBS.
2. Please provide the medication with the original prescription label in the child's full name. No expired medications or non-original packages will be permitted.
3. All medication must be given to the child's crew leader between 8:45 am-9:00 am each day. All medication must be picked up from the crew leader between 12:00 pm-12:15 pm each day.
4. Please give any important information to your child's crew leader regarding your child's emergency medication.