



Calvary Chapel Costa Mesa Kids Church

AUTHORIZED HEALTH CARE PROVIDER REQUEST FOR ADMINISTRATION OF MEDICATION

STUDENT INFORMATION

Last Name: _____ First Name: _____

Male or Female: _____ Date of Birth: _____ Grade (in Sept. 2022): _____

MEDICATION INFORMATION

Date of Request: _____ Date to Discontinue Medication: _____

Reason for Medication: _____

Medication: _____

Dose: _____ Route: _____ Time: _____

If PRN Amount of time between doses: _____

Instructions for Emergency Care: _____

Regarding EpiPen/Inhalers: *It is my professional opinion that this student should be permitted to carry/self administer this emergency EpiPen/Inhaler.*

Health Care Provider Initials: _____

This Student has been instructed in and demonstrates an understanding of proper usage.

Health Care Provider Initials: _____

AUTHORIZED HEALTH CARE PROVIDER

Authorized Health Care Provider (print clearly): _____

Authorized Health Care Provider Signature: _____

Telephone: _____ Date: _____

This request is valid for a maximum of one year.



Calvary Chapel Costa Mesa Kids Church

PARENT NOTIFICATION FOR ADMINISTRATION OF MEDICATION AT VACATION BIBLE SCHOOL

STUDENT INFORMATION

Last Name: _____ First Name: _____

TO THE PARENT/GUARDIAN:

The law allows any person to assist in carrying out a physician's recommendation. The church recognizes the desirability of following a physician's recommendations as nearly as possible at church, just as does a parent at home or any other person (not necessarily a nurse) if the physician request this assistance. The fact that this is a service or accommodation which the church is not legally required to perform is recognized by all parties signing this form and in so signing they agree to hold the church or its personnel free from any or all suits which might arise out of these arrangements.

Please discuss your physician's instructions with your child so that he/she is aware of the time medication is due.

We the undersigned, who are parent(s)/guardian(s) _____,

request the medicine be administered to our child in accordance with our physician's written instructions on the backside of this form by a member of the church staff if the Vacation Bible School nurse is not readily available. We will notify the church immediately if we change physicians when medication is changed and will renew this annually.

We understand that the church is not legally obligated to administer medication to our child and therefore, agree to hold the church and its employees free from any and all responsibility for the results of such medication or the manner in which it is administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them.

Parent's/Guardian's Signature: _____ Date: _____

Telephone: (home) _____ (work) _____