

**Prestonwood Baptist Church**  
**Student Ministry**  
**Medication Administration Consent Form**

**Trip Name** \_\_\_\_\_ **Trip Date** \_\_\_\_\_

Student's Name \_\_\_\_\_ ("Minor") Age \_\_\_\_\_

Birth date \_\_\_\_\_ **Grade** \_\_\_\_\_ during \_\_\_\_\_ / \_\_\_\_\_ **School Year** Male / Female

Approximate Weight \_\_\_\_\_

Medication Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Chronic Medical Conditions \_\_\_\_\_

Previous Surgeries / Hospitalizations and Dates \_\_\_\_\_

I understand that designated persons may provide Minor with selected over-the-counter medications or their generic equivalent, if needed, and hereby permit such provision to Minor. I understand that these medications, prescriptions, and over-the-counter medications must be signed in by me with trip leaders and be in the original container with appropriate dosage information for Minor. I understand that medication not properly labeled will not be given to Minor. **All prescription medication must be in the appropriate, non-expired bottle showing the name of the medication and the appropriate pharmacy label for Minor.**

*From the list below, please CIRCLE any over-the-counter medications, if any, that you DO NOT consent to being given to Minor while on this trip.*

- |                                |                           |                            |
|--------------------------------|---------------------------|----------------------------|
| Advil/Motrin (Ibuprofen)       | Halls Menthol Cough Drops | Sudafed PE                 |
| Benadryl (Diphenhydramine HCl) | Hydrocortisone Cream 1%   | Tears Lubricant Eye Drops  |
| Calamine Lotion                | Imodium AD                | Theraflu                   |
| Cepacol Sore Throat Spray      | Oragel                    | Triple Antibiotic Ointment |
| Cepacol Throat Lozenges        | Pepto Bismol              | Tums                       |
| Claritin (Loratidine)          | Robitussin DM             | Tylenol                    |

\_\_\_\_\_ I consent to Minor being given any of the above medications, if deemed necessary by the trip leaders.  
*Parent initials*

I (WE) HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS PBC AND ITS AFFILIATES, AND ALL OF THEIR OFFICERS, DIRECTORS, MINISTERS, AGENTS, CONTRACTORS, EMPLOYEES, SUCCESSORS, AND ASSIGNS (COLLECTIVELY, THE "RELEASED PARTIES") FROM ANY CLAIMS, DEMANDS, LIABILITIES, ACTIONS, SUITS, OR PROCEEDINGS ARISING DIRECTLY OR INDIRECTLY OUT OF THE NEGLIGENT OR WILLFUL ACTS OF MINOR, OR AS A RESULT OF THE MISREPRESENTATIONS OF INFORMATION GIVEN BY MINOR OR MYSELF ABOUT THE ADMINISTRATION OF MEDICATIONS RECEIVED AT HOME. I (WE) UNDERSTAND THAT IT IS MY (OUR) RESPONSIBILITY AS THE PARENT(S)/GUARDIAN(S) OF MINOR TO IMMEDIATELY NOTIFY THE TRIP LEADERS OF ANY CHANGES IN MINOR'S MEDICAL CONDITION, MEDICATION ALLERGIES, DAILY MEDICATION RECEIVED, OR SITUATIONS WHICH MAY ALTER THE SAFETY OF THE ADMINISTRATION OF THESE MEDICATIONS WHILE ON THE TRIP.

\_\_\_\_\_  
**Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Legal Guardian**

\_\_\_\_\_  
**Date**

**Prestonwood Baptist Church  
Student Ministry  
Medical Permission & Release Form**

Student's Name \_\_\_\_\_ ("Minor") Age \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_ during \_\_\_\_\_ / \_\_\_\_\_ School Year Male / Female

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Which campus are you registering with? (*circle one*)      Plano                  North

Parent's/Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact (*if parent(s)/guardian(s) cannot be reached*)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance\* Yes \_\_\_ No \_\_\_ If No, Parent/Legal Guardian accepts full responsibility for all medical expenses. \_\_\_\_\_ (*initial here*)

Insurance Provider \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

**\*Please attach a copy of insurance card - copy machine available at PBC**

Date of Last Immunization:      DPT \_\_\_\_\_                  MMR \_\_\_\_\_

Tetanus \_\_\_\_\_                  Polio \_\_\_\_\_

**Check (✓) if student has had:** Chicken Pox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Whooping Cough \_\_\_

Other (specify) \_\_\_\_\_

Allergies (I understand it is my responsibility to notify PBC if Minor has any severe allergies):

Foods \_\_\_\_\_

Insect Bites \_\_\_\_\_

Medications \_\_\_\_\_

Previous Serious Illness(es) / Hospitalizations \_\_\_\_\_

Has Minor been exposed to any contagious disease(s) within the past 30 days? Yes \_\_\_ No \_\_\_

Current Medication(s) \_\_\_\_\_

Special Diet \_\_\_\_\_

Special Notes \_\_\_\_\_

## Medical Permission & Release Form

Student's Name \_\_\_\_\_ (hereinafter referred to as "Minor") **Date of Birth** \_\_\_\_\_

Prestonwood Baptist Church, Inc., a Texas non-profit corporation, is hereinafter referred to as "PBC" throughout this entire form.

\_\_\_\_\_, hereinafter "I (we)", am/are the parent(s) and/or legal guardian(s) of Minor.

I (we) hereby give permission for Minor to attend and participate in any and all activities sponsored by PBC (hereinafter referred to as "Activities"), including any activities which may be of a hazardous nature and/or include physical and/or strenuous activity, and assume all risk associated herein.

I (we) hereby certify that, to my (our) knowledge, Minor has not been exposed to any contagious disease within the past 30 days.

I (we) hereby authorize PBC to transport Minor to or from the Activities, or in the event of an emergency.

I (we) hereby authorize PBC to include Minor in supervised water activities.

I (we) hereby authorize PBC and its acting leaders to teach and lead Minor in religious lessons and services, which may include prayer and Bible teaching.

I (we) hereby authorize PBC and its acting leaders to take Minor to the before named physician for medical treatment in the event of an emergency in which neither parent nor emergency contact can be reached.

I (we) hereby authorize PBC and its acting leaders to take Minor to any licensed physician or medical treatment center to treat Minor in case of emergency or when the before named physician cannot respond.

I (we) hereby authorize any adult, in whose care Minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and/or hospital care for Minor under the supervision and on the advice of any licensed physician or dentist on staff of licensed medical treatment center or hospital, whether such diagnosis or treatment is rendered at a physician's or dentist's office, an urgent care facility, or at a hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned Minor and to pay any and all costs related to transportation to the medical treatment center if transportation is by ambulance or otherwise.

I (we) understand and acknowledge that it is my (our) personal responsibility to obtain the necessary travel documents and medical procedures (including immunizations, etc.) for Minor for entry into any foreign country, if applicable, including, but not limited to visas and passports.

I (we) understand that Minor's lack of cooperation with PBC policies/rules and values will result in Minor's immediate return home.

Should it be necessary for Minor to return home for any reason, the undersigned shall assume all transportation costs.

TO THE FULLEST EXTENT PERMITTED BY LAW, I (WE) HEREBY AGREE TO UNCONDITIONALLY RELEASE, WAIVE, RELINQUISH, COVENANT NOT TO SUE, DEFEND, INDEMNIFY, AND FOREVER HOLD PBC, ITS AFFILIATES, AND ALL OF THEIR OFFICERS, DIRECTORS, MINISTERS, AGENTS, EMPLOYEES, SUCCESSORS, AND ASSIGNS (COLLECTIVELY, THE "RELEASED PARTIES") HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CLAIMS, EXPENSES, AND DAMAGES ON ACCOUNT OF INJURY TO MY CHILD, PROPERTY, OR DEATH, WHICH I NOW HAVE OR WHICH MAY ARISE IN THE FUTURE DIRECTLY OR INDIRECTLY ARISING OUT OF OR IN ANY WAY RELATING TO THE PROVISION OF MEDICAL TREATMENT, TRANSPORTATION, OR MINOR'S PARTICIPATION IN THE ACTIVITIES AND OTHER ASSOCIATED ACTIVITIES OF ANY KIND OR NATURE WHEREVER OR HOWEVER THE SAME MAY OCCUR DURING THE ACTIVITIES OR DURING TRANSPORTATION TO OR FROM THE ACTIVITIES, WHETHER CAUSED IN WHOLE OR IN PART FROM THE NEGLIGENT ACTS AND/OR OMISSIONS OF PBC. I (WE) AGREE TO BEAR ALL COSTS, INCLUDING ATTORNEYS' FEES, LITIGATION COSTS, EXPENSES, OR JUDGMENTS RESULTING FROM ANY CLAIMS OR LAWSUITS FILED BY ANYONE FOR MINOR'S BODILY INJURY (INCLUDING, BUT NOT LIMITED TO, ILLNESS, ACCIDENTS, AND DETENTION), PROPERTY DAMAGE, OR DEATH, WHICH IS ALLEGED TO HAVE RESULTED FROM MINOR'S PARTICIPATION IN THE ACTIVITIES, OR EVENTS OF ANY NATURE THAT OCCUR DURING THE ACTIVITIES OR DURING TRANSPORTATION TO OR FROM THE ACTIVITIES. IT IS THE INTENTION OF THE PARTIES HERETO THAT I (WE) WILL PROTECT THE RELEASED PARTIES FROM ANY LIABILITY FOR BODILY INJURY (INCLUDING, BUT NOT LIMITED TO, ILLNESS, ACCIDENTS, KIDNAPPING, AND DETENTION), PROPERTY DAMAGE, OR DEATH AS A CONSEQUENCE OF MINOR'S PARTICIPATION IN

THE ACTIVITIES, WHETHER OR NOT THE BODILY INJURY (INCLUDING, BUT NOT LIMITED TO, ILLNESS, ACCIDENTS, AND DETENTION), PROPERTY DAMAGE, OR DEATH IS CAUSED BY ACTS OR OMISSIONS OF RELEASED PARTIES OR ANY THIRD PARTY (INCLUDING OTHERS WHO MAY BE PARTICIPATING IN THE ACTIVITIES, OR EVENTS OF ANY NATURE THAT OCCUR DURING THE ACTIVITIES OR DURING TRANSPORTATION TO OR FROM THE ACTIVITIES). BY MY (OUR) SIGNATURE BELOW, I (WE) HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY (INCLUDING BUT NOT LIMITED TO ILLNESS, ACCIDENTS, AND DETENTION), PROPERTY DAMAGE, OR DEATH TO MINOR DUE TO THE ORDINARY NEGLIGENCE OF RELEASED PARTIES AND THE ORDINARY NEGLIGENCE, GROSS NEGLIGENCE, OR WILLFUL MISCONDUCT OF ANY THIRD PARTY, INCLUDING OTHERS PARTICIPATING IN THE ACTIVITIES.

I (we) hereby further authorize PBC to furnish any necessary transportation, food, and lodging for this Minor.

**This Medical Permission and Release Form shall remain in full force and effect from the date of signature and in effect until written notice of revocation or withdrawal is received by PBC at its office at 6801 West Park Boulevard, Plano, TX 75093, whichever occurs first. It is expressly intended that this Medical Permission and Release Form apply to present and future PBC trips, events, and activities in which Participant participates. It is the responsibility of the parent/guardian to notify PBC of any changes in medical condition, guardianship, address, or phone number in writing to the address listed above, or to complete a new Medical Permission and Release Form, which will supersede this Form.**

I (we) understand photos and videos of Minor may be taken for use in PBC publications and that PBC shall have the exclusive right to control and determine the use, display, performance, reproduction, and dissemination of such photos and videos. I also understand publication of these photographs may be accomplished electronically via the Internet and that, after publication, PBC will be unable to prevent persons from gaining access to the Internet, copying my photographs and video there from, and subsequently using, altering, or republishing them without my consent.

I (we) waive any claim for damages against PBC from unconsented-to use, alteration, or republication of my photographs and video by third parties accessing the Internet.

_____ <b>Parent/Legal Guardian</b>	_____ <b>Date</b>	_____ <b>Parent/Legal Guardian</b>	_____ <b>Date</b>
_____ <b>Participant</b>	_____ <b>Date</b>		