EAGLE BROOK CHURCH

Authorization for Administration of Medication

Child's Name: _____ Date: _____

Name of Medication: _____

Description of Medication (color, shape, size):_____

What is the medication for? _____

Amount to Give:_____ When to be Given: _____

Possible Side Effects: _____

Take: ☐ With Food ☐ With Water ☐ On Empty Stomach

I request that the above medication(s) be given during the time my child is in Kid-O-Deo or Elevate.

I release Eagle Brook personnel and volunteers from liability in the event adverse reactions result from taking the medication(s).

Assumption of Risks: The undersigned acknowledges Eagle Brook Church does not employ nursing or medical staff in its program ministries. By your written permission, you agree to allow Eagle Brook staff and/or volunteers to administer required medication to your child as outlined above.

I agree to release, indemnify, and hold harmless Eagle Brook Church and any of their directors, officers, employees, and agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this child that result in person injury, accidents, or illnesses (including death).

_____ _____

Parent/Guardian Name – Printed Parent/Guardian Name – Signed

Signature	Date	Service Time	Parent Tag Code

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