



FIRST
Baptist Church



Emergency Medications Request and Release Form

Child's name: _____ Date of Birth: _____

Parent(s)/Guardian(s): _____

Cell Phone: _____ Home Phone: _____

Information to assist in reaching parent/guardian if not able to contact through above methods:

Family Physician: _____ Telephone: _____

Medical condition requiring special attention: _____

Specific emergency procedures requested to be performed by FBC KIDS team member: _____

Name and description of emergency medication required by child: _____

Photo of child emailed to fbckids@fbclloyd.ca (Photo is used on an info card to make information aware to the leaders of your child.)

I (we) hereby request and grant consent for the above mentioned emergency procedures to be followed and performed by an FBC KIDS team member and further acknowledge that the FBC KIDS staff and volunteers are not trained medical personnel. I (we) acknowledge that it is my responsibility to provide the required emergency medications for my child.

I (we) shall advise FBC KIDS, in writing, of any changes in my child's condition which may affect the aforementioned emergency procedures and services required.

Signature: _____ Date: _____