

ABUNDANT LIFE HARVEST CENTER (ALHC) WAIVER/MEDICAL AUTHORIZATION 2017/2018

Date: _____

My child has my permission to participate in all ALHC Children's Church activities. I/We irrevocably consent to allow ALHC to use, or consent to the use of, any likeness of my child in materials produced for church promotional or publicity purposes, without right of review or compensation. Unless revoked by me/us in writing, this consent is valid indefinitely or for as long as my child attends ALHC.

CHILD'S FULL LEGAL NAME: _____ AGE: _____ GRADE: _____
PARENT/GUARDIAN'S PRINTED NAME: _____ PARENT SIGNATURE: _____
SCHOOL YR 2017/18
IF APPLICABLE

WAIVER FOR DISPENSING OF MEDICATION:

It is required by ALHC, as a condition to administer any prescription medication, that the medication be authorized by a physician, dentist, or other licensed prescriber. It is understood that prescription medication is administered solely at the request of and as an accommodation to the undersigned parent/guardian.

I/We request that _____ receive _____
CHILD'S NAME NAME AND DOSAGE OF MEDICATION
For the period from _____ to _____ at _____ A.M./P.M. (PLEASE CIRCLE ONE)
BEGINNING DATE ENDING DATE TIME(S)

Physician's description of any anticipated reaction of child to the medications: _____

I/We give permission for the above named child to be dispensed medication at ALHC Children's Church for which an appropriate authorization to give medication at ALHC Children's Church form has been approved. I/We understand that ALHC does not have medical personnel on staff to assist in the administration of medication and that medication will only be dispensed by the ALHC staff. I/we understand that ALHC will not and cannot assess the need for or assume any risks associated with the administration of any medication. I/We understand that the administration of any medication involves a risk of injury, which ranges from minor to catastrophic and that it is impossible to eliminate such risks. Despite this knowledge, I/we release ALHC and each of its employees, agents, volunteers and representatives from all liabilities, claims, and demands for injury or loss that I/we and/or the above-named child may now or in the future have, resulting from the dispensing and/or administration of medication at ALHC Children's Church or any disclosure relating to medication administered. The prescription medication must be brought to ALHC Children's Church in the original container appropriately labeled by the pharmacy or physician, stating the name of the child, the medication, and dosage.

PARENT/GUARDIAN'S PRINTED NAME: _____ PARENT SIGNATURE: _____

AUTHORIZATION FOR MEDICAL AND SURGICAL CARE:

If my child is injured in an accident or becomes seriously ill, and I or my designee cannot be reached, I authorize the staff of ALHC to arrange for the transportation of my child to a licensed emergency medical care facility to receive prompt treatment. Furthermore, I authorize the medical personnel at the facility to provide such treatment to my child as is indicated by the nature and extent of his or her injury and that is in accordance with the protocols of standard medical practice. Finally, I accept full financial responsibility, for all costs, charges, and fees associated with the transportation of my child and for the treatment provided by the medical care facility to my child and absolutely and unconditionally agree to indemnify and to hold ALHC harmless from all such costs, charges, and fees.

PARENT/GUARDIAN'S PRINTED NAME: _____ PARENT SIGNATURE: _____

EMERGENCY CONTACTS - PLEASE LIST AT LEAST TWO PEOPLE TO BE CALLED IN THE EVENT THAT WE CANNOT REACH PARENT/GUARDIAN:

1. _____ PHONE #1: () _____ PHONE #2: () _____
LAST NAME FIRST NAME
2. _____ PHONE #1: () _____ PHONE #2: () _____
LAST NAME FIRST NAME