

Medication Information/Medical Permission and Release Form

Lakeside Christian Church

please print information

Event: _____

Child's Name: _____ Age: _____

Address: _____ City: _____

State: _____ Zip code: _____ Home Phone #: _____

Past Medical History:

Please inform us of any of the following:

Asthma____ Diabetes____ Bronchitis____ Kidney Problems____ Heart Problems____

Food Allergies____ Medication Allergies____ Special Diet____ Other:_____

List all medications and dosages and time medication is to be given: _____

ALL MEDICATION IS TO BE IN THE ORIGINAL CONTAINER AND MUST BE CLEARLY LABELED WITH THE CHILD'S NAME, MEDICATION DOSEAGE, AND TIME MEDICATION IS TO BE GIVEN. PRESCRIPTION MEDICATIONS **MUST** BE IN THE ORIGINAL CONTAINER PROVIDED BY THE PHARMACY. THE LABEL MUST CLEARLY IDENTIFY THE CHILD'S NAME, PRESCRIBING PHYSICIAN, MEDICATION DOSEAGE AND TIME MEDICATION IS TO BE GIVEN.

Permission for Treatment:

I hereby grant permission for the sponsors of this organization, in case of emergency, to seek medical treatment for my child. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and employees of Lakeside Christian Church from any and all claims, demands, actions or cause of action, past, present, or future, arising out of any injury, or illness while participating in this activity.

Physician to be notified: _____

Hospital Preference: _____

Insurance Information/Provider: _____

Parent or Legal Guardian: _____

Date: _____ Emergency phone number: _____

Lakeside Christian Church
225 Toronto Rd
Springfield IL 62707-9483

Trip Permission Form

217-529-2513
217-529-3190

Date of Trip: _____

Departing from Lakeside at: _____ **Returning to Lakeside at:** _____

Destination: _____

Purpose and Activity: _____

I request that my child, _____, go on the above-described trip. I understand that all reasonable precautions will be taken to prevent accidents and/or injury. However, I UNDERTAND THAT ABSOLUTE SAFETY CANNOT BE ASSURED. I further understand that participation in this trip may involve the risk of catastrophic injury or death. I agree that I will be responsible for all expenses (medical and otherwise), which may occur from my child's participation in any activity sponsored by Lakeside Christian Church. I assume all responsibility and waive any and all claims for compensation for accidental or fatal injury occurred while participating in any Lakeside Christian Church program or activity and while in the care of staff or volunteers. I hereby agree to indemnify and hold harmless Lakeside Christian Church, its agents, employees, or servants, whether paid or volunteer, against any and all claims, which may arise from any injury while participating in any of the programs and activities related to this trip.

I HAVE READ THE ABOVE WAIVER AND AM SIGNING IT VOLUNTARILY.

PARENT OR LEGAL GUARDIAN

DATE

EMERGENCY PHONE #-1

EMERGENCY PHONE #-2

INSURANCE INFORMATION: