

## *the Church* Medication Administration Form

- † Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
- † Students who take medication and need it administered during a Higher Ground trip, must have this form completed, as well as a current Medical Information/Hospital Permission to Treat form on file.
- † For safety purposes, all medications will be administered by a Higher Ground adult leader while on the trip. All medications will be kept by said leader in a locked box.
- † Prior to your child departing on the trip, please provide your child's medications in a ziplock bag with your child's name written on it. All medications must be in their original container, with the child's name and dosing instructions clearly visible.
- † **On this form, please clearly indicate how much of each medication to administer, as well as what time of day to administer the medication. If a medication is administered multiple times a day, please each time as a separate medication to be administered (EX: Amoxicillin would be listed 3 times if it is to be administered at 8, 12, and 4). If there are special instructions for a medication (with food, etc.) please also list those instructions.**

Name of Medication	Dosage	Time of Day	Special Instructions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I give my consent for the above listed medications to be administered to my child while he/she is participating on \_\_\_\_\_, from \_\_\_\_\_.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*the Church*  
**First Aid Administration**

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

- † This form is intended for use during Higher Ground related events and activities. This form will be effective until September 1<sup>st</sup>, 2015.
  
- † While participating in gatherings and events, we understand that it is possible for students to have small ailments that may require Tylenol or some other first-aid relief. We ask that students NOT bring their own medications. A fully stocked first-aid kit will be kept by the Higher Ground adult leaders. This form gives us permission to give your child simple medications, if he/she requests them. Medications/first-aid supplies may be given for headaches, minor cuts, menstrual cramps, sunburns, and other minor ailments.
  
- † Please read through the list of items below. **Please check any item that you DO NOT want your child to receive, if the need should arise.** Please consider adverse reactions to medications he/she already takes and allergies. You may leave all the items blank, if you feel comfortable having your child take all the following items, and if the need should arise.
  
- † All medications will be administered according to dosing instructions on the package.
  - \_\_\_\_\_ Acetaminophen: 325 mg caplets (Tylenol)
  - \_\_\_\_\_ Ibuprofen: 200 mg caplets
  - \_\_\_\_\_ Pepto Bismal Chewable Caplets
  - \_\_\_\_\_ Anti-Itch Cream (Benadryl Cream)
  - \_\_\_\_\_ Triple Antibiotic Ointment (Neosporin)
  - \_\_\_\_\_ Bug Spray
  - \_\_\_\_\_ SPF 30 Sunscreen
  - \_\_\_\_\_ Aloe Gel

† Please list any special instructions for administering the above items, should the need arise:  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to receive any item listed above that is NOT CHECKED. I understand that any item I checked will not be given to my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## *the Church* Medical Information/Hospital Permission to Treat

- † *This form will be kept on file until September 1<sup>st</sup>, 2015. The information provided in this form will be used for all activities your child participates in with Higher Ground during the time frame specified.*
- † *It is the parent's responsibility to update Higher Ground staff of any changes in medical information, address, and health needs during the time that this form is in effect.*
- † *For any activity, outside of the the Church property, that your child attends, an additional permission slip will also be required.*
- † *If your child requires the administration of medication while participating in a Higher Ground activity, a Medication Administration form will also be required.*
- † *If your student uses an inhaler, a Permission to Carry Inhaler form will also be required, and may be filled out 1 time for the duration of the time listed above.*

In case of an emergency the Higher Ground staff will contact 911.  
Every attempt will be made to contact a parent/guardian or a designated emergency contact.

### **STUDENT INFORMATION**

Last Name:	Date of Birth:	School:
First:	Sex: Male, Female (circle one)	Grade:
Middle:		

**STUDENT RESIDES WITH: (circle one) FATHER, MOTHER, BOTH, LEGAL GUARDIAN**

#### **FATHER**

**ADDRESS**  
Last Name: \_\_\_\_\_  
First: \_\_\_\_\_  
Sign me up for texting updates: Yes No  
E-mail: \_\_\_\_\_

#### **TELEPHONE**

Home (\_\_\_\_) \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_  
Cell/Pager (\_\_\_\_) \_\_\_\_\_

#### **MOTHER**

**ADDRESS**  
Last Name: \_\_\_\_\_  
First: \_\_\_\_\_  
Sign me up for texting updates: Yes No  
E-mail: \_\_\_\_\_

#### **TELEPHONE**

Home (\_\_\_\_) \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_  
Cell/Pager (\_\_\_\_) \_\_\_\_\_

#### **LEGAL GUARDIAN**

**ADDRESS**  
Last Name: \_\_\_\_\_  
First: \_\_\_\_\_  
Sign me up for texting updates: Yes No  
E-mail: \_\_\_\_\_

#### **TELEPHONE**

Home (\_\_\_\_) \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_  
Cell/Pager (\_\_\_\_) \_\_\_\_\_

### **LIST 2 PERSONS TO CONTACT IN AN EMERGENCY IF THE PARENT(S)/GUARDIAN CANNOT BE REACHED**

NAME OF PERSON	RELATIONSHIP	TELEPHONE
1. _____		(____) _____ (____) _____
2. _____		(____) _____ (____) _____

**MEDICAL/DENTAL INFORMATION**

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

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

Name of Health Insurance Company: \_\_\_\_\_

Policy/Group/Employee Number: \_\_\_\_\_

Medications/Dosages that student is currently taking: \_\_\_\_\_

On-going medical conditions: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**PLEASE CHECK ANY THAT APPLY TO YOUR CHILD AND PROVIDE NECESSARY DETAILS**

\_\_\_ Medical Allergies \_\_\_\_\_

\_\_\_ Food Allergies \_\_\_\_\_

\_\_\_ Bee Sting/Insect Allergies \_\_\_\_\_

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

\_\_\_ Asthma \_\_\_\_\_

\_\_\_ Cancer \_\_\_\_\_

\_\_\_ Diabetes \_\_\_\_\_

\_\_\_ Seizures \_\_\_\_\_

\_\_\_ Heart Problems \_\_\_\_\_

\_\_\_ Respiratory Problems \_\_\_\_\_

\_\_\_ Hearing Loss \_\_\_\_\_

\_\_\_ Vision Problems \_\_\_\_\_

\_\_\_ glasses \_\_\_\_\_ contacts

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

\_\_\_ Physical Disability \_\_\_\_\_

**CONSENT**

Staff and adult leaders from *the* Church have my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital. The hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Please share any information about your child's fears, problems, or special needs that may help us to minister to, and help, your child fully enjoy their experience in Higher Ground.

\_\_\_\_\_

Is there any other information we should know about your child or family in order to best meet the needs of your child?

\_\_\_\_\_

Does your child have any learning needs that we should be aware of?

\_\_\_\_\_

## *the Church* Permission to Carry Inhaler

- † Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
- † Students participating in Higher Ground activities/events/trips who use an inhaler must have a signed "Medical Information/Hospital Permission to Treat" form on file with Higher Ground. This form is just an acknowledgement that your child uses an inhaler and will be bringing it on various events/activities/trips. You may decide to have an adult from Higher Ground carry the inhaler for your child, or you may decide to allow your child to be responsible for the inhaler on his/her own.
- † **This form will be kept on file until September 1<sup>st</sup>, 2015.** The information provided in this form will be used for all activities your child participates in with Higher Ground during the time frame specified.
- † It is the parent's responsibility to update Higher Ground staff of any changes in medical information, address, and health needs during the time that this form is in effect.

By signing this form, you and your child agree to the following conditions:

- † Your child has been instructed in the proper use of an inhaler by a physician.
- † Your child agrees to not exceed the prescribed dosage/frequency of use of the inhaler.
- † Your child agrees that if there is not marked improvement after taking the prescribed amount, he/she will notify an adult. That adult will contact the parents and/or seek further medical treatment if needed.
- † Your child agrees to never share the inhaler with another person.

\_\_\_\_\_ Yes, I give permission for my child, \_\_\_\_\_, to carry his/her inhaler at any/all Higher Ground events/activities/trips during the time frame specified above.

\_\_\_\_\_ No, my child \_\_\_\_\_, does not have my permission to carry his/her inhaler for any/all Higher Ground events/activities/trips during the time frame specified above. His/Her inhaler will be in the possession of an adult leader from Higher Ground to give to him/her when needed.

Name of Medication	Dosage	Frequency of Use
_____	_____	_____
_____	_____	_____

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_