

## Medication Administration and Emergency Medical Treatment Consent

Participant Name: \_\_\_\_\_

I (we) give permission to the responsible personnel selected by **First Baptist Church** to administer medication and other treatment to my (our) child during **Hands in HAND** Ministry programs as directed by me (us) in the completed "Family Profile".

I (we) understand that, in the event of a medical emergency, **FBC** will attempt to contact me (us), and if **FBC** cannot immediately reach me (us) it will attempt to contact all alternate contact persons provided by me (us). I (we) authorize **FBC** to administer treatment in accordance with instructions given by such alternate contact person(s). If **FBC** cannot immediately reach either me (us) or any alternate contact persons, in the event of an emergency, I (we) give permission to the responsible personnel selected by **FBC** to administer/initiate emergency care if necessary and for my child to be taken to and treated by St. Tammany Parish Hospital or other emergency medical facility, as necessary.

Primary Medical Insurance Co. \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Relationship to Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Next policy renewal date: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_

To the extent permitted by law, I (we) agree to release **FBC, Hands in HAND**, and their staff, volunteers, directors, officers, and agents of all liability for injury or illness to my (our) child resulting from administration of medication, treatment, and emergency care unless caused by the gross negligence or willful misconduct of **FBC** staff, volunteers or agents.

*Both parents (or legal guardians) of each child must sign.*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date