



Form VII: Specific Allergy and/or Medication Requirements Form

To be filled out by any parent or legal guardian of children or youth that wish church staff or volunteers to administer medication or treatments to the child or youth.

I, _____ ,
Printed Name

certify that I am the legal parent or guardian of _____
Printed Name

and that I give my permission request that the staff or volunteer assigned to the permanent program or one-time event conducted by or in conjunction with a ministry of **Broadman Baptist Church**, administer to the child or youth listed above

Name of Medication(s)

for the treatment of

time(s) to be administered

I also understand that diligent attempts will be made to administer medications or treatments per your instructions, **Broadman Baptist Church** cannot be liable for any missed medications, dosages, or time lapses.

By signing below I understand that it remains my primary responsibility to ensure medications are dispensed to my child or youth properly and by signing this form I release from all liability any staff or volunteer of **Broadman Baptist Church** from any such responsibility for dispensing medications to my child or youth.

Signature

Date

Printed Name

Witness Signature

Date

Special instructions

