



Medication/Care Authorization & Release

CHILD'S NAME: _____ AGE: _____

- For children with Food or Non-Food allergies, please check. I acknowledge that Christian Life Church, including the Christian Life After School Program, is not an allergen-free facility that cannot guarantee my child will not be exposed notwithstanding awareness of his/her allergies, and he/she may be exposed to an allergen while on-site at Christian Life Church.

For All Medical Action Plans (Food Allergy, Non-Food Allergy, Seizure, or Asthma)

I hereby give permission for my child, while present at Christian Life Church, to receive medication in accordance with the Medical Action Plan for my child or as otherwise indicated below, as prescribed by a licensed physician. I hereby authorize Christian Life Church,, including its directors, staff, and volunteers, to administer medication and to provide or arrange for medical care in accordance with the Medical Action Plan or as indicated below. For myself and for my child, I release and discharge Christian Life Church, its officers, elders, employees, volunteers or other agents from all claims and liability for any loss or injury that may occur in the future as a result of exposure to allergens and any medications or care provided under this authorization and release. I further agree to reimburse, indemnify and hold Christian Life Church, harmless from any and all costs, claims and liabilities associated with providing or arranging medical care for my child.

Parent/Guardian: _____ Signature: _____

DATE: _____

Address: _____ Phone: _____

Meds Drop Off	Medication	Method of Application	Dosage	Meds Pick Up