

Lakeview Baptist Assembly  
Camps-Conferences-Retreats

Medication  
Release/Administration Form

Lakeview requires that all sponsors/campers who need medication during their attendance at camp must do the following:

1. Complete and present the consent below, signed by parent or legal guardian for administration of medication while the student attends camp at Lakeview.
2. Bring the medication **IN THE ORIGINAL BOTTLE** (prescription or over-the-counter), properly labeled as prescribed by law.
3. Present this form and the medication indicated on this form to the nurse upon arrival on campus and abide by his/her instructions for administration.
4. If more than one medication is to be administered, a separate form is to be completed and signed for each medication.

Medication Information for:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_M \_\_\_\_F  
(Month/Day/Year)

Church group student came with \_\_\_\_\_  
(Church Name) (Church City & State)

Name of medication \_\_\_\_\_

Purpose for medication use (e.g. allergies, asthma, antibiotic) \_\_\_\_\_

Form of medication: \_\_\_\_Tablet \_\_\_\_Pill \_\_\_\_Capsule \_\_\_\_Liquid \_\_\_\_Inhalation  
\_\_\_\_Other (specify) \_\_\_\_\_

Dosage (amount to be given): \_\_\_\_\_ How often or at what time: \_\_\_\_\_

Remarks or special instructions: \_\_\_\_\_

As the parent or legal guardian of the above child, I hereby give permission for the camp nurse or administration to administer this medication to my child.

Parent/Guardian signature \_\_\_\_\_ ( ) - ( ) - \_\_\_\_\_ Date  
Daytime Phone # (include area code) Evening Phone # (include area code)

FOR OFFICE USE ONLY

Day	Date	Time Given/ Person Administering			
		Dose 1	Dose 2	Dose 3	Dose 4
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Please indicate at the left, time and your initials each time medication is administered. Each person administering medication should indicate full name and title in space below.

Initial \_\_\_\_\_ = Name \_\_\_\_\_  
Initial \_\_\_\_\_ = Name \_\_\_\_\_  
Initial \_\_\_\_\_ = Name \_\_\_\_\_  
Initial \_\_\_\_\_ = Name \_\_\_\_\_

Notes or comments: \_\_\_\_\_

**Lakeview Baptist Assembly**

**P. O. Box 0130 – Lone Star, Texas – Phone 903-656-3871**

**Medical Information/Consent/Agreement to Participate**

Church/Organization: \_\_\_\_\_

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Number & Street) (City & Zip Code)

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(If different than participant's)

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager \_\_\_\_\_

**Emergency Notification**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Medical Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sponsor allowed authorizing emergency care in lieu of Parent/Guardian: \_\_\_\_\_

Person permitted to take Participant from camp: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Please include any other information you think we need to know on an extra sheet of paper.

**Medical Information**

Allergies (List and Explain Reaction): \_\_\_\_\_

Check any conditions: Diabetes \_\_ Epilepsy \_\_ Asthma \_\_ Heart \_\_ Chest Pain \_\_ Thyroid \_\_ Kidney \_\_ Dizziness \_\_ Back pain \_\_

Broken Bones \_\_ Bleeding Disorders \_\_ Operations \_\_ High Blood Pressure \_\_ Any Other Conditions \_\_\_\_\_

Explanation of the above: \_\_\_\_\_ List Any dietary or Physical Restrictions on back:

Are all immunizations current: Yes \_\_\_ No \_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

List Medications currently being taken: \_\_\_\_\_

I/we hereby authorize the camp nurse or camp director to administer all medication brought by participant. If a medical emergency should arise while the above listed camper is in attendance at Lakeview Baptist Assembly, I/we hereby authorize the camp nurse or camp director to provide care to the camper and/or transport the camper to a medical facility. I/we further authorize the health care provider of the medical facility to administer necessary medical and/or surgical care upon arrival at the medical facility. I/we understand that camp officials will make a conscientious effort to locate the parent/guardian or the emergency contact listed on this document before any action will be taken. If it is not possible to locate the emergency contact listed, I/we will accept the expense of emergency medical and/or surgical treatment.

I/we give my authority and consent for Lakeview Baptist Assembly or camp nurse to treat my child for minor injuries and illnesses with the appropriate non-prescription medication.

**AGREEMENT TO PARTICIPATE: ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

WHEREAS, THE UNDERSIGNED ("the PARTICIPANT") wishes to be accepted for participation in all activities conducted by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC.

In consideration of, and for the right to participate in such an activity by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, I/we have and do hereby assume all of the risks and any other ordinary risk incidental to the nature of the activity. Further, I/we will hold them harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, medical bills, hospital bills, and doctor bills, or other wise, which the participant now has or which may arise from or in connection with participation in any other activities arranged for me by LAKEVIEW BAPTIST ASSEMBLY & CONFERENCE CENTER, INC., its Directors, Officers, Trustees, Employees, Agents, and/or Associates, and their heirs, executors, and administrators, successors and assigns and for all members of my family, including any minors accompanying me. I/we fully understand that my physical activity involves risk of injury. I/we also understand that my participation in any activity is entirely VOLUNTARY. I/we enter into this activity and take full responsibility for the decision to participate or not to participate and agree to follow all safety instructions.

**AGREEMENT TO HAVE PHOTOGRAPH TAKEN:**

I/we are aware of the fact that photos of my child or of myself may be taken during the week by camp staff, which may appear in future camp publicity. By signing this, I/we give permission to use these photos, aware of the fact that my child or myself WILL NOT be identified by name in any such photos. I/we hereby give permission to have my photograph taken. If this is unacceptable, I/we will so state that fact here by writing "NO" in the space provided. \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian (if participant under age 18)

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date of Signature

**FOR ADULT SPONSORS ONLY (What is your responsibility while attending camp?)** \_\_\_\_\_

Pastor/Staff Recommendation: I recommend this adult to be a responsible sponsor. (Sponsor, camp director, recreational team)

\_\_\_\_\_  
Pastor/Staff Signature