

MEDICATION PERMISSION FORM
(Completed form required for ALL students)

Our nurse will have select over-the-counter medications on hand available to students as needed (i.e. headache, minor pain, etc.) during camp/retreat. A guardian's permission is required to administer these medications. *If you DO NOT give permission to staff to administer over-the counter medications without calling you first, a guardian still must complete this form.*

Child's Name: _____

Name and Date Camp/Retreat: _____

Parent's Printed Name: _____

Parent's Signature: _____

Parent's Cell Phone Number: _____

Date: _____

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

- I **DO NOT** give permission to staff to administer medications listed on this form to my child without contacting me first.
- I **DO** give permission to staff to administer selected medications listed below per package directions to my child without contacting me first.

Please provide height, weight and age:

Child's Height: _____ Child's Weight _____ Child's Age _____

Check all that apply:

- Tylenol (acetaminophen)
- Advil (ibuprofen, Motrin)
- Tums
- Benadryl (diphenhydramine)
- Claritin (loratadine)

PLEASE NOTE: NURSE WILL HAVE THESE MEDICATIONS ON HAND. NO NEED TO SEND ADDITIONAL WITH YOUR CHILD.

RELEASE OF LIABILITY

January – December 2022

*****One Form per Person*****

I am the parent or legal guardian of the person named below (the “Minor”), who may desire to participate in various activities sponsored by Christ Church of Oak Brook. In signing this form, the undersigned agree not to hold Christ Church of Oak Brook and the officers, employees, or other agents of Christ Church of Oak Brook liable for any injury or death to person, loss, damage to property, or any accident that (**the “Minor”**) may encounter while on a mission trip with Christ Church of Oak Brook.

First and Last Name of the Minor (print): _____

- The undersigned is well aware that travel to a foreign country exposes the Minor to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities. The undersigned hereby assume any such risks that might result from travel to a foreign country by the Minor.
- The undersigned unconditionally agree to hold Christ Church of Oak Brook and the officers, employees, or other agents of Christ Church of Oak Brook blameless for any liability concerning the personal health and well- being of the Minor, or any liability for personal property of the minor that might be lost, damaged, or stolen while on a mission trip.
- It is understood that Christ Church intends to take reasonable precautions to assure the safety and security of all the participants but in the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Christ Church mission trip leader to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the Minor as named above.
- The undersigned have read the foregoing and understand that signatures of the undersigned hold Christ Church of Oak Brook and the officers, associates, or other agents of Christ Church of Oak Brook harmless for any liability for injury, damage, loss, accident, delay or irregularity of schedule.

Dated this _____ day of _____, 2022.

Parent/Guardian Information:

First and Last Name (print): _____

E-mail: _____ Cell Phone: _____

Parent/Guardian Signature: _____ **Date:** _____

Minor’s Signature: _____ **Date:** _____

Witnessed By:

On this _____ day of _____, 2022, the parent or legal guardian of _____,
("the Minor"), personally appeared before me and I acknowledge that he or she voluntarily executed the same.
The parent or guardian is personally known to me or produced the following as identification: _____.

STATE OF _____ COUNTY OF _____

NOTARY PUBLIC _____

Date of Expiration of Notary Commission _____

Notary Seal:



STUDENT WAIVER AND RELEASE

I, _____ the parent/guardian of _____, HEREBY WAIVE AND RELEASE Hogar de los Niños Orphanage and DOXA (hereinafter the "Released Parties") from any and all liability to the above named minor child. I am fully aware of the risks involved in the activity described below, and waive any claims this minor child may have as a result of an accident, mishap or negligence of the Released Parties and/or any other party under or affiliated with the Released Parties.

This waiver shall be binding on said minor child named above, myself, his or her heirs, assigns and the next of kin, and shall extend to the benefit of the Released Parties and their successors and assigns. I understand that the activities in which the minor child named above will be involved are inherently dangerous and may cause serious injuries, including bodily injury, damage, loss or theft of personal property and death in relation to travel to and from Tijuana, Mexico, all house building and construction activities undertaken at DOXA's leased property and the Hogar de los Niños Orphanage in Tijuana, Mexico, travel to and from house building sites and at the house building sites, including but not limited to any activities while the minor child named above is physically on such premises.

To the best of my knowledge, the minor child named above does not have any physical limitations, medical ailments, physical or mental disabilities that would limit him or her from participating in the above mentioned activity, and if required, he or she will obtain a medical examination and clearance.

I have read and fully agree to the terms of this waiver and release. I understand and confirm that by signing this waiver and release I have given up considerable future legal rights that the above named minor child and I may have against the above named released parties. I have signed this waiver freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability to the full extent of the law. I am mentally competent to enter into such an agreement.

I declare that the foregoing is true and correct. Signed on this ___ day of _____, 20___, in the City of _____, County of _____ and State of _____.

Signature: _____

Printed Name: _____



ADULT WAIVER AND RELEASE

I, _____ HEREBY WAIVE AND RELEASE, Hogar de los Niños Orphanage and DOXA, Inc. (hereinafter "Released Parties") from liability pertaining to the activities and matters set forth below. I understand that by signing this Waiver and Release, I expressly and willingly agree to assume complete responsibility for any risk of injury that may arise from the below related activity. On behalf of myself, my heirs, assigns and next of kin, I waive all claims for damages, injuries, and death sustained to me or my property, that I may have against the above named Released Parties relating to such activity. I understand that the activities that I will participate in are inherently dangerous and may cause serious injuries, including bodily injury, damage, loss or theft of personal property and death. By this waiver, I assume any risk, and take full responsibility and waive any and all claims of personal injury, including severe bodily injury, damage, loss or theft of personal property and death relating to all activities associated with travel to and from Tijuana, Mexico, all house building and construction activities undertaken at DOXA's leased property and the Hogar de los Niños Orphanage in Tijuana, Mexico, travel to and from house building sites and at the house building sites, including but not limited to any activities while I am physically on such premises. If I am injured from said activity I will not hold the Released Parties responsible even if the injuries were caused by the negligence on my part or the Released Parties, or any other party under or affiliated with the above named Released Parties.

I do not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent me from participating in the above mentioned activity, and if required will obtain a medical examination and clearance.

I am over the age of 18 and I have read and fully agree to the terms of this waiver and release. I understand and confirm that by signing this waiver and release I have given up considerable future legal rights that I may have against the above named released parties. I have signed this waiver freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability to the full extent of the law. I am mentally competent to enter into such an agreement.

I declare that the foregoing is true and correct. Signed on this ___ day of _____, 20___, in the City of _____, County of _____ and State of _____.

Signature: _____

Printed Name: _____