

**Midland Evangelical Free Church**  
**Life Threatening Allergy & Medical Condition Form (2016-2017)**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Class/Grade: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergy and/or Medical condition(s): \_\_\_\_\_

Type(s) of reaction: \_\_\_\_\_

- My child will have an EpiPen, Inhaler and/or other medical equipment (Equipment) for use at Midland Evangelical Free Church (Midland Free). **K" y km"eq o r ngvg"v jg" Og fkecn" G swkr o gpv" Cf o lpkvut cvkqp" Rgt o kuukqp" Hqt o " \*dgnqy+** and will send my child's Equipment with him/her at all Midland Free activities.
- My child has an EpiPen, Inhaler and/or other medical equipment (Equipment), but I am declining the opportunity to provide one for Midland Free. I understand that Midland Free does NOT have any Equipment on site.

I have read and understand Midland Free's Life Threatening Allergy & Medical Condition Form and agree to release, indemnify and hold harmless Midland Free and any of its staff, volunteers or agents from lawsuit, claim, expense, demand or action against them.

\_\_\_\_\_  
Parent/Guardian Printed Name                      Parent/Guardian Signature                      Date

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**Midland Evangelical Free Church**  
**Medical Equipment Administration Permission Form (2016-2017)**

Child's Name (as it appears on prescription): \_\_\_\_\_

Authorized Medical Equipment (circle all that apply):      EpiPen      Inhaler      Other \_\_\_\_\_

I hereby authorize the staff, volunteers, and agents at Midland Evangelical Free Church (Midland Free) to assist in administering the Authorized Medical Equipment (Equipment) to my child if he/she has known exposure and/or a severe allergic reaction. If my child is not able to administer their Equipment on their own, I agree to allow the administration of the Equipment by Midland Free. I agree to release, indemnify, and hold harmless Midland Free and any of its staff, volunteers, or agents from lawsuit, claim, expense, demand, or action against them for administering the Equipment provided they administer the Equipment prescribed specifically for my child. I am aware that the Equipment will most likely be administered by a staff member, volunteer, or agent who is not a healthcare professional. I have read the Medical Equipment Administration Permission Form and agree to provide Equipment as needed. I understand I will be notified as quickly as possible anytime their Equipment has been administered. If an EpiPen is used, 911 will be called for further medical attention.

- My child has received adequate training on how and when to use their Equipment and can use it properly in case of emergency. He/she will carry their Equipment at all times. Midland Free may assist in the administering of the Equipment if he/she is having any issues.
- My child has NOT received adequate training on how and when to use their Equipment or is too young to handle this responsibility. He/she will carry their Equipment at all times. Midland Free will need to administer the Equipment for my child & has my permission to do so.

\_\_\_\_\_  
Parent/Guardian Printed Name                      Parent/Guardian Signature                      Date