



## Special Medical Needs Agreement Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. I have advised the West Center Baptist Church Children's Ministry that the above-listed Child has the following special medical needs:

- Medical diagnosis of \_\_\_\_\_
- Allergies to \_\_\_\_\_
- Other: \_\_\_\_\_

2. As a result of this condition, please explain any symptoms of health concerns that may appear:

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3. In connection with this condition, I have provided the following medications and/or medical equipment and give WCB volunteers permission to administer in the event of emergency: \_\_\_\_\_

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4. Directions for the administration of the above medications and/or medical equipment is as follows:

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5. In the event of an emergency, I understand WCB volunteers will first call 911, then treat the symptoms as listed by the parent/guardian above, and then promptly contact the child's parent/guardian. I also understand, that as a parent/guardian of the listed child, I will be responsible any cost of emergency care.

6. I have included on this form a complete statement of medications, procedures, or other interventions that are required in the event of an emergency; and I will provide all medications, inhalers, injectors, or other necessary items whenever the Child is participating in Ministry activities.

7. I acknowledge and agree that, while the Ministry will attempt to take appropriate actions if such situations occur, the West Center Baptist Church is not a medical facility and cannot be held liable for any resulting injury.

For the Child to attend the West Center's activities, the Guardian acknowledges and accepts the risks of injury associated with the Child's pre-existing condition while participating in Ministry activities. The Guardian also acknowledges and accepts the risks of injury or harm associated with intervention and/or treatment performed by Ministry workers.

ACCORDINGLY, THE GUARDIAN AGREES ON BEHALF OF BOTH THE GUARDIAN AND THE CHILD, TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE MINISTRY, AND ITS AGENTS, EMPLOYEES, VOLUNTEERS, AND OTHER REPRESENTATIVES FOR INJURY ARISING DIRECTLY OR INDIRECTLY OUT OF THE DESCRIBED MEDICAL NEEDS OF THE CHILD.

Provide any additional comments, clarification, or direction below:

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I agree that the above information is complete and accurate to the best of my knowledge, and I agree to the various terms of this Medical Conditions form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian of participant)