

Special Medical Needs Agreement

This sample agreement should be reviewed and approved by your attorney prior to use.

In connection with the ministry operations of _____ (“Ministry”),
I, _____ (“Guardian”), as parent and/or legal guardian of
_____ (“Child”), having the authority to execute this document,
acknowledge and agree to the following:

1. I have advised the Ministry that the above-listed Child has the following special medical needs:

- Medical diagnosis of _____
- Allergies to _____
- Life-threatening reaction to this allergy is likely/probable*
- Moderate to severe (but not a life-threatening) reaction to this allergy is likely/probable
- Asthma
- Other: _____

2. As a result of this condition, multiple symptoms may appear, including:

- Wheezing, panting, or other difficulty breathing Seizures
- Swelling (including restriction of airway) Discoloration of skin
- Other: _____

3. In connection with this condition, I have provided the following medications and/or medical equipment:

4. In the event that symptoms appear, I request the following course of action (check all that apply):

- Locate one of the Child’s guardians and advise him or her of the situation.
- Contact emergency medical assistance by calling 911*.
- Treat the symptoms in the following way (describe in detail, using page 2 of this form if necessary):

*Note—If you indicate that a life-threatening reaction is likely, we will call 911 if symptoms appear, whether or not the “contact emergency medical assistance” box is checked. EMT costs will be charged to you.

(page 1 of 2)

This is a sample document only. Your organization is responsible for compliance with all applicable laws. Accordingly, this form should not be used or adopted by your organization without first being reviewed and approved by an attorney. Brotherhood Mutual Insurance Company® assumes no liability in the preparation and distribution of this sample form.

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

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

For the Child to attend the Ministry 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:

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: _____

(Guardian of participant)

Contact Information:

Primary Contact: _____ Secondary Contact: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Likely location during Ministry activities: _____ Likely location during Ministry activities: _____

(page 2 of 2)

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