IDLEWILD BAPTIST CHURCH
STUDENT MEDICATION CONSENT FORM
Required for ALL students attending Camp Idlewild 2026

Student Name: _____ DOB: _____
Parent/Guardian Name: _____ Phone: _____

Are there any medications your child should NOT receive (due to allergies, reactions, or sensitivities)?_____

PARENT/GUARDIAN CONSENT
I authorize Idlewild's volunteer nurse to administer medication(s) I provide and to give standard over-the-counter medication to my child if deemed medically necessary. I confirm that all provided medications are properly labeled and in original containers. I release Idlewild Baptist Church, its staff, and volunteers from any liability related to the administration of medications. I also authorize communication with medical professionals and give consent for medical treatment if I cannot be reached.

Parent/Guardian Signature: _____ Date: _____

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