

2019 RETREAT AND SUMMER CAMP
Medical Provider Permission

Participant Name: _____ Grade: _____ Gender: _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Physician Name (printed): _____ Physician Phone: _____

Event Organizers and Sponsor: James River Church Inc. and James River Charities, LLC, (collectively herein referred to as "JRC")

Additional medications listed below (including vitamins, herbs, essential oils, enzymes and other supplements), either prescription or over-the-counter, **MUST** have a separate doctor's order with dosage information and be brought in the original bottle to the first aid station at check-in to be administered to the Participant.

Permission is given for the following over-the-counter medications to be given to the Participant as needed (check all that apply).

- Acetaminophen (as directed per age/weight)
- Ibuprofen (as directed per age/weight)
- Benadryl (as directed per age/weight)
- Zyrtec 10mg (as directed)
- Antiemetic (Dramamine, meclizine)
- Antacid (Tums, etc.)
- Additional Medications (please describe frequency and dosage)

This authorization shall remain in effect from the date of execution of this authorization through December 31, 2019 and shall be valid for any and all JRC activities in which the Participant is participating.

Medical Provider Signature: _____ **Date:** _____

Parent/Guardian: Please return this form to the James River Church Registration office. It may be uploaded at jamesriver.org/retreat/upload. For questions, please contact Registration at (417) 581-8636 or registration@jamesriver.org.