

Authorization/Parental Consent For Administering Medication

Student Name: _____

Date of Birth: ____/____/____ Medication Allergies: _____

Parental Consent:

I am the parent or guardian of _____. I give permission for him/her to take the following medications (see below) for use as needed while on the Student Ministry event of First Baptist Church of Murray, Kentucky.

Parent/Guardians Signature: _____

Over the Counter Medications:

Over the counter medications that may be given on an as needed basis to my child administered by an adult chaperone include the following selected medications. All medications will be administered in accordance with the manufacturer's recommendations based on weight and age.

_____ Benadryl

_____ Tylenol

_____ Ibuprofen

_____ Antacids/Pepto/ Anti-diarrheal

_____ Allergy medications (Specify) _____
(Claritin, Zyrtec, ect.)

_____ Other (specify) _____

Prescription Medications:

Please provide all prescription medications in the original bottle with the child's name and physician prescription on them. All medications are to be given to an adult chaperone at check in.

_____ First Baptist Church chaperones are authorized to administer the following medications to my child:

Name of medication: _____
Amount to be given: _____
Times to be given: _____

Given by Mouth: Y or N

Name of medication: _____
Amount to be given: _____
Times to be given: _____

Given by Mouth: Y or N

Name of medication: _____
Amount to be given: _____
Times to be given: _____

Given by Mouth: Y or N