MEDICATION PERMISSION FORM (Completed form required for ALL students)

Our nurse will have select over-the-counter medications on hand available to students as needed (i.e. headache, minor pain, etc.) during camp/retreat. A guardian's permission is required to administer these medications. *If you DO NOT give permission to staff to administer over-the counter medications without calling you first, a guardian still must complete this form.*

Child's Name:	
Name and Date Camp/Retreat:	
Parent's Printed Name:	
Parent's Signature:	
Parent's Cell Phone Number:	
Date [.]	

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

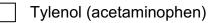
I DO NOT give permission to staff to administer medications listed on this form to my child without contacting me first.

I DO give permission to staff to administer selected medications listed below per package directions to my child without contacting me first.

Please provide height, weight and age:

Child's Height: _____ Child's Weight _____ Child's Age _____

Check all that apply:



- Advil (ibuprofen, Motrin)
- Tums

Benadryl (diphenhydramine)

Claritin (loratadine)

PLEASE NOTE: NURSE WILL HAVE THESE MEDICATIONS ON HAND. NO NEED TO SEND ADDITIONAL WITH YOUR CHILD.

