



MEDICATION AUTHORIZATION

For the safety of each camper, some medication will be held in the first aid kit within the cabin at Falls Creek. This medication will be administered by approved, certified medical personnel who are available 24 hours a day. Because of this, please only send medications that are absolutely necessary. All Medications must be in the original container, in a zip-lock bag, accompanied by this form.

I, the parent/legal guardian of the camper named on this form give my permission for the church sponsors to: Dispense Acetaminophen (Tylenol) or Ibuprofen (Advil) to camper for headache, fever, or minor pain; Dispense Benadryl or generic equivalent to camper for allergic reactions; Dispense Tums, Kaopectate, or Pepto Bismol for upset stomach; Dispense antibiotic ointment for minor injuries; Dispense prescription or other over-the-counter medication designated by and produced by the parent/guardian or family physician.

I understand that FBCBA/CBC Staff, and nurse, and sponsors, shall not be liable to the child, parent, or guardian of the child for civil damages for any personal injuries to the student, which result from acts or omissions in administering any medication while at camp.

Signature of Guardian/Date

Printed Name/Emergency Contact Number

MEDICATION LIST:

Name of Medication(s): _____

Dosage and Time to administer: _____

Side Effects requiring parent notification: _____