



PRESCRIPTION MEDICINE DISPENSING AUTHORIZATION

St. John the Divine Greek Orthodox Church Vacation Bible School

This form must be brought to Camp and presented to our Medical Staff (we suggest you bring it in the same bag as the medicine so you don't forget)

I hereby certify my child is currently taking medication prescribed by a physician while attending camp. I understand the medication may not be kept by my child but will be safely held by medical personnel until needed.

All medication must be in original containers. All medications, prescription or non-prescription, must be accompanied with written dosage instructions and a guardian signature.

Child's Name: _____

MEDICATIONS: Please list all medications your child will need to take during the day while at VBS.

<u>Medication</u>	<u>Dose</u>	<u>Frequency (circle)</u>	<u>Times to be given</u>
_____	_____	Daily / As Needed	_____
_____	_____	Daily / As Needed	_____
_____	_____	Daily / As Needed	_____
_____	_____	Daily / As Needed	_____

Does your child have any allergies to any other medicines that might be administered? (Tylenol, aspirin, Benadryl, anti-itch cream, etc.) _____

It is permissible for the following over-the-counter medications to be administered to your child?

- () Bismuth
- () Topical cream
- () Burn gel
- () Acetaminophen (Tylenol)
- () Diphenhydramine (Benadryl)
- () Antihistamine/decongestant
- () Ibuprofen (Motrin)
- () Calamine lotion
- () Ben-Gay
- () Triple antibiotic ointment
- () Cough drops
- () Calcium antacid

Parent or guardian's name: _____

Relationship to child: () Mother () Father () Other (specify): _____

Phone where you can be reached during the day: _____

I hereby give my permission for the above medication to be administered to my child by medical personnel in accordance with the instructions given.

Signature of Guardian _____