

CHILD MEDICATION INFORMATION (for overnight trips only)

First Baptist Church of Atlanta will only distribute medicine to children on overnight trips as directed by the parent/guardian below. Prescription medications must be in the original bottle, labeled by the pharmacy. All over the counter medicines must be in their original packaging and will be distributed according to the parent/guardian direction.

Child's Name: _____ **Age:** _____ **Weight:** _____

Are there any medical conditions we should know about/information that might enable us to better care for your child? (ADD, allergic reactions, asthma attacks, diabetes, major surgery, seizures, etc.)?

List any medication(s) your child will take at camp:

1. _____
Medication (name on label) Dose Time(s) of day

Condition – Allergy, asthma, infection, symptoms

2. _____
Medication (name on label) Dose Time(s) of day

Condition – Allergy, asthma, infection, symptoms

3. _____
Medication (name on label) Dose Time(s) of day

Condition – Allergy, asthma, infection, symptoms

Prescription and other medications or vitamins must be in original containers and given to and administered by the nurse or delegated staff. Personal inhalers may be kept with the child, if desired. Loose pills and other containers or zip lock bags will not be accepted or administered.

The following over-the-counter medications are available. Parent/guardian **must initial (not "check")** any which may be administered to your child, when indicated, using the label directions and dosages. If not initialed, the nurse or delegated staff will not administer the medication.

____ Tylenol ____ Advil ____ Tums ____ Dramamine ____ Pepto Bismal ____ Cough Drops

____ Benadryl

____ Other(s) Please list: _____

Parent Name/Guardian Responsible Adult (print): _____

Dated: _____ **Parent/Guardian Signature:** _____