STUDENT NAME:

First Baptist Church
7901 Main St.
Frisco, Texas 75034

RENEW Labor Day Camp

ALL MEDICATIONS MUST BE IN A PHARMACY LABELED CONTAINER WITH YOUR CHILD'S NAME OR IN THE ORIGINAL OVER-THE-COUNTER PKG.

[Exceptions: Asthma Inhalers (prescribed by doctor) and antidote for allergic reactions (epi-pen)]

The information listed on this form is correct and complete. I hereby give permission for an adult leader to administer the medication as directed.

_____
Parent Signature (required)
Parent contact # _____

Doctor Name & phone _____
_____

I give my permission for an adult leader to give the over-the-counter medications circled below in accordance with standard label directions:
(please sign) _____

Tylenol/Acetaminophen Advil/Ibuprofen Antihistamine
Decongestant Cough Medicine

Drug Name	Dose	To be given at:	Trip Dosing Log (to be filled out by adult leader) F	S	SU	M
		☐ Breakfast ☐ Lunch ☐ As needed ☐ Dinner ☐ Bedtime ☐ At Student's Request				
		☐ Breakfast ☐ Lunch ☐ As needed ☐ Dinner ☐ Bedtime ☐ At Student's Request				
		☐ Breakfast ☐ Lunch ☐ As needed ☐ Dinner ☐ Bedtime ☐ At Student's Request				
		☐ Breakfast ☐ Lunch ☐ As needed ☐ Dinner ☐ Bedtime ☐ At Student's Request				

Notes:

Re:New