

FORT BEND COMMUNITY CHURCH ADMINISTRATION OF MEDICATION

Student/Participant Name: _____ D.O.B.: ____/____/____

I do hereby authorize appointed staff/leaders of Fort Bend Community Church to administer **TYLENOL, ADVIL, and/or SUDAFED**, or _____ per dosage recommended by the manufacturer for my child if needed during Camp Challenge **MIDDLE SCHOOL** or **HIGH SCHOOL** (please circle one).

Parent's Printed Name: _____ Parent's Signature: _____ Date: ____/____/____

Please complete this form if your child needs to have any medications administered on the trip. **Return the completed form to youth center by August 2 (Middle School) or August 5 (High School), 2009. Place all medication into a ZIP-LOCK bag or sealed container along with the form.** Federal Law requires FBCC to be responsible for the administration of ALL medications. **Students are not permitted to carry any medications** (including over-the-counter drugs) on their person or in their belongings (exception- asthma inhalers may be carried, but they **MUST** still be recorded). On the day of departure, parents will provide FBCC staff/leaders, the authorized medications in their **ORIGINAL PRESCRIBED CONTAINERS**. (If the original prescription container is big, you may request the pharmacy to re-label a smaller container if possible) Please do NOT send herbal medicines, FBCC staff and leaders do NOT handle herbal medicines.

PRESCRIBED MEDICATIONS

Name of Medication (include trade name & Rx #)	Color	Dosage (be specific)	Form (tablet, liquid, etc.)	Times (how often & at what time)	Prescribing Physician (include phone #)

PLEASE MAKE OTHER NOTATIONS HERE:

Parent's Printed Name: _____ Parent's Signature: _____

Parent's Phone No. during the trip: _____ Date: ____/____/____