

MEDICATIONS FORM

Any and all "Over the Counter" medications, prescription and/or non-prescription medications brought by a student should be on written record with the Minister with Students and only taken under the supervision of an adult. All medications, prescription and /or non-prescription, should be brought in their original marked container.

I give my permission for the First Baptist Church of Chatsworth, Georgia and its adult representatives to administer over-the-counter non-prescription medications, doctor-prescribed medications, and/or First Aid treatment to my child,

_____, as
needed while in their care. I understand this may include but may not be limited to the following types of non-prescription medications:

- Acetaminophen (i.e., Tylenol or generic brands)
- Ibuprofen (i.e., Motrin or generic brands)
- Decongestants, Antihistamines
- Anti-Diarrheas, Laxatives
- Antacids
- First Aid/Burn Creams
- Topical Antibiotics (i.e., Neo-sporran)
- Cold/Heat Rub

Parent's Name (Please Print)

Parent's Emergency Contact Number

Parent's Signature

Date