

# **SALMON CREEK CHURCH**

A UNITED METHODIST MINISTRY

Knowing Christ • Growing in Christ • Serving Christ • Sharing Christ

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12217 NE Highway 99 | Vancouver, WA 98686 | (360) 573-3111

salmoncreekchurch.org

## **Medication Form**

**Name of participant:** \_\_\_\_\_

**1. Is your child presently taking or using any type of medication(s) or drug(s)?**

If **Yes**, please list them, along with dosage, reason taken, and time of day taken.

**2. If your child has any allergies (foods, medications, etc.), please list them here. If there are no allergies, please write "N/A".**

**IMPORTANT INFORMATION: PLEASE KEEP ALL MEDICATION** (prescription AND over-the-counter) **IN THE ORIGINAL CONTAINER** that identifies; the prescribing physician (if appropriate), the name of the medication, the dosage, and the frequency of administration. All medications must be checked in to staff upon arrival.

(continues...)

**Authorization**

This completed health form may be photocopied for trips off campus. I hereby authorize staff or designee to administer any previously listed, prescribed medications to my child/dependent. If my child takes medications, I acknowledge that I have given the church staff (or their designee) complete information on dosage and administration instructions. I hereby give Salmon Creek Church and its volunteers (or designee(s)) permission to follow recommendations by a Poison Control Center.

**Except as I have noted below, I give my permission to the staff,** and event director or his/her designee(s), to give medications (or their generic equivalents) to my child or me, in accordance with recommended package dosing for the specific indications below. These medications are available at events and need not be brought by participants, and may include:

- Tylenol and/or acetaminophen (mild fever or discomforts)
- Benadryl (allergy symptoms)
- Advil/Ibuprofen or Aleve/naproxen sodium (mild fever or discomforts)
- Sudafed (allergy symptoms)
- Throat Lozenges (coughing/sore throat)
- antacids (upset stomach)
- topical creams (itching, sunburn, or insect bites)
- anti-diarrheal (for diarrhea).

**Please do NOT administer any of the following over-the-counter medications to my child/dependent:**

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Please do NOT administer ANY over-the-counter medications to my child/dependent.

**Signature of Parent / Guardian / Self** \_\_\_\_\_

**Name (please print)** \_\_\_\_\_

**Date** \_\_\_\_\_