

PERMISSION FORM FOR BASIC MEDICATION

SNOWBLAST — JANUARY 20-22, 2023

Should the need arise, I give Community Church adult leaders permission to administer the following over-the-counter medications, while my child is at Snowblast (January 20-22, 2023). I further certify that, to the best of my knowledge, my child is not allergic to any of these approved over-the-counter medications. Dosages will be administered according to the directions on the label unless a physician directs otherwise.

Please cross off any medications that are NOT approved and sign below:

Headache: Tylenol (acetaminophen) or Motrin (Ibuprofen)

Muscle pain: Motrin (Ibuprofen)

Upset stomach: Tums

Diarrhea: Imodium A-D

Allergy: Benadryl

Cuts: Antibiotic ointment

Motion sickness: Dramamine

Menstrual cramps: Midol

Cold/flu: Tylenol Cold and Flu Severe

(Generic brands may be substituted for brand names.)

Student's Name: _____

Parent/Guardian Signature: _____

Date: _____



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