

Please feel free to contact me regarding any questions or concerns: Stacie Kersey 770-712-4428

- Other _____
- _____ for swimmer's ear
- Tylenol
- Motrin
- Heat Pack
- Cold pack
- Throat Lozenges
- Benadryl
- Antibiotic ointment
- Hydrocortisone cream

I give permission for the following medications (generic equivalent) to be administered to my child as directed on the label:

We will be following the protocol recommended by Children's Healthcare of Atlanta. The First Aid protocol may be reviewed on their web site (<http://www.choa.org/library>)

Name of medication _____ Dosage _____ Frequency _____

daily _____ a.m. / p.m.

only as needed for _____ times a day starting _____ a.m. / p.m.

Name of medication _____ Dosage _____ Frequency _____

daily _____ a.m. / p.m.

only as needed for _____ times a day starting _____ a.m. / p.m.

Please complete the following information regarding your child's medication:

PERMISSION & MEDICAL CONSENT

Name _____ Age _____ Grade _____ Male _____ Female _____

Name of Parent or Guardian _____

Address _____ Home # _____ Business # _____

If not available in an emergency, notify:

Name _____ Phone (____) _____

Address _____ City _____ Business Phone _____

Medical Information

Family Physician _____ Phone# _____

Insurance Company: _____ Policy # _____

Date of last tetanus shot _____

Allergies—

Medications _____ Food _____

Other _____

Dietary restrictions _____

Any existing conditions we need to be aware of: _____

I, the undersigned, do hereby consent to authorize and direct the chaperones of First Baptist of Woodstock to obtain for my child