

Medical Records / Permission Form First Baptist Church - Granbury, Texas

Student's Name: _____

Parent / Guardian's Name: _____

Please be sure we have a copy of your insurance card if your company requires it.

Please list any prescriptions and non-prescription medications you are currently taking. Please include dosages and times per day. They need to be sent in the original packaging. You may keep your own medications, but we will check with you to be sure you have not forgotten to take them.

This is a list of medications that will be available in our First Aid Kits. Please check if you can take / use these on an as-needed basis, following label directions.

Hydrogen Peroxide _____

Isopropyl Alcohol _____

Calamine/ Caladryl _____

Pepto Bismol _____

Tylenol _____

Advil _____

Polysporin Antibiotic Ointment _____

Bactine _____

Benadryl Cream or Tablets _____

Rhuli Gel (insect bites) _____

Kaopectate or Imodium _____

Dramamine (car sickness) _____

Tylenol/ Sinus Formula _____

Sudafed (decongestant) _____

Are there any other problems of which we should be aware? Yes / No

Parent / Guardian's Signature: _____ Date ____ / ____ / ____