

First Baptist Church Murrells Inlet, Inc.
Permission to Give Child Over-the-Counter Medicine
(Please Type or Print Clearly)

Program or Event: _____

Dates of Program or Event: _____

Child's Name: _____

Child's Date of Birth: _____

Child's Health Care Provider's Name and Address (please print): _____

Health Care Provider Office Phone Number: _____

Health Care Provider Office Fax Number: _____

Over-the-Counter Medication(s) and directions for use:

Medication	Directions for Use
_____	_____
_____	_____
_____	_____

I give permission for the medication noted above to be given to my child during the Program or Event if needed. I give permission for the program or event director to contact the health care provider named above to discuss this medication and my child's health only if necessary. I give permission for the health care provider named above or his/her designated employees to provide information about this medication and my child's health to the program or event director. Without limiting the generality of the foregoing, this release authority applies to all health information and medical records governed by the Health Information Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320d and 45 CFR 160-164 and THIS PERMISSION WILL ONLY BE EFFECTIVE DURING THE DATED OF THE PROGRAM OR EVENT SET FORTH ABOVE unless earlier revoked by delivery of a revocation to my health care provider.

I will not hold First Baptist Church Murrells Inlet, Inc. and its agents, employees and program or event directors and volunteers liable for any adverse drug reactions when the medication is administered according to the instructions given. THIS PERMISSION WILL ONLY BE EFFECTIVE DURING THE DATES OF THE PROGRAM OR EVENT SET FORTH ABOVE.

Signature of Parent / Guardian

Phone

Date

Print or Type Name of Parent / Guardian