

Advent Lutheran Church
Parental Consent Form
The Use of Non-prescription Medicine and Photo Waiver

It is the policy of the Advent Lutheran Church to obtain parental or guardian consent for the use of non-prescription (over the counter) medications, such as:

Please check each item after making any desired changes at right (specify any allergies):

_____	Analgesics	(Tylenol or acetaminophen equivalent)
_____	Antihistamines	(Allerest, Chlortrimeton, Sudafed, Benadryl)
_____	Anti-diarrheas	(Kaopectate, Immodium, PeptoBismol)
_____	Cold Symptoms	(Robitussin, Dimetapp, Tylenol)
_____	Topical Ointments Insect Bites	(Rhuligel, Sting ease)
	Sunburn	(Solarcaine, Rhulicream)
	Poison Ivy/Oak	(Calamine Lotion, Rhuligel)
	Abrasions	(cleaned with 3% hydrogen peroxide & Neosporin ointment applied)

All medications are given in accordance with manufacturer recommendations and child/youth height and weight.

Any symptoms that are persistent will be brought to the attention of parent/guardian and a physician, if necessary.

Neither Advent Lutheran Church nor its employees and staff are responsible for the untoward affects of non-prescription medications.

I give permission for the child/youth named below to receive non-prescription medication during their presence at Advent, as specified above, when it is deemed necessary by the leader or staff.

I give permission for the child/youth named below to be photographed for use on the web site and in brochures.

(Signature of Parent/Guardian)

Child/Youth Name _____ Date _____