

# WESTBURY BAPTIST CHURCH

## RECREATION MINISTRY

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\_\_\_\_\_  
**CAMPER NAME**

### POLICIES GOVERNING ADMINISTERING MEDICATION DURING DAY CAMP HOURS

The policy of Westbury Baptist Church does not authorize Westbury camp personnel to give medication of any kind. This includes aspirin, similar preparations, or any other drugs.

The director, however, or any personnel certified in advanced first aid, can give medication during the camp hours under the following restrictions. Campers who are non-contagious, on long-term medication, on preventive medication, or for a prolonged period on medication that cannot under any arrangement be administered other than during camp hours, may take medication in camp. The physicians statement must be accompanied by written permission of at least one parent.

### PHYSICIAN'S REQUEST FOR ADMINISTRATION OF MEDICATION AT WESTBURY BAPTIST CHURCH DAY CAMP DURING CAMP HOURS

To the camp director:

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

- Infectious
- Non-Infectious

In order to keep this child in optimal health, it is necessary that medication be given during day camp hours of 7:00 am to 6:30 pm, Monday through Friday.

Name of Medication: \_\_\_\_\_ Color: (if applicable) \_\_\_\_\_

Form of Medication:  tablet     pill     capsule     liquid     inhalant     injection\*\*

Other: (specify) \_\_\_\_\_

**\*\*No injection will be given** except in extreme emergency, such as allergy to wasp or bee sting, etc.

Dosage: (amount to be given) \_\_\_\_\_ Frequency: \_\_\_\_\_

Common side affects: \_\_\_\_\_

Remarks: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician signature: \_\_\_\_\_

Physician telephone: \_\_\_\_\_



This is permission for WBC to give medication to my child, named above, as requested by the physician.

Parent signature \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_