

**James River**  
**2021 RETREAT AND SUMMER CAMP**  
**Medical Provider Permission**

Participant Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Physician Name (printed): \_\_\_\_\_ Physician Phone: \_\_\_\_\_

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

**Event Organizers and Sponsor: James River Church Inc. and James River Charities, LLC, (collectively herein referred to as "JRC")**

**ALL** personal medications (including vitamins, herbs, essential oils, enzymes and other supplements), either prescription or over-the-counter, **MUST** have a doctor's order with dosage information and be brought in the original bottle to the first aid station at check-in to be administered to the Participant.

The purpose of this form is for a medical provider to authorize the Participant named above to receive over-the-counter medications, on supply at the campground, while attending James River Camps/Retreats. The medications listed below are available at the campground first aid station.

The Participant has permission to be given the following over-the-counter medications as needed (check all that apply).

- Acetaminophen (as directed per age/weight)
- Ibuprofen (as directed per age/weight)
- Benadryl (as directed per age/weight)
- Zyrtec 10mg (as directed)
- Antiemetic (Dramamine, meclizine)
- Antacid (Tums, etc.)

This authorization shall remain in effect from the date of execution of this authorization through December 31, 2021 and shall be valid for any and all JRC activities in which the Participant is participating.

**Medical Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian: Please return this form to the James River Church Registration office. It may be uploaded at [jamesriver.church/retreat/upload](http://jamesriver.church/retreat/upload). For questions, please contact Registration at (417) 581-8636 or [registration@jamesriver.church](mailto:registration@jamesriver.church).