

**Permission to Dispense Medication and Administer First Aid
Fun in The Sun 2020**

Occasionally campers will request or require over the counter medication(s) while under our supervision.

Child's Full Name: _____ Date of Birth: _____

I, _____, (the "Parent/Guardian") hereby request authorized personnel at the Roman Catholic Bishop of Manchester, a corporation sole d/b/a St Francis of Assisi Parish Fun in The Sun Summer Camp (the "Diocese Location") to administer the over the counter medication(s) to _____ (the "Minor") as directed by this authorization and I agree to release, indemnify, and hold harmless the Diocese Location and any of their officers, staff members, or agents from lawsuits, claims, expenses, demands, or actions against them for helping this minor use the over the counter medication(s).

The Parent/Guardian must initial next to each over the counter medication below that they authorize the use of:

_____ Gold Bond Anti Itch Lotion
_____ Gold Bond baby Powder
_____ Baking Soda
_____ BandAid First aid antiseptic
_____ Bactine Cleansing Spray
_____ Anti Itch Spray
_____ Vaseline
_____ Baby Wipes
_____ Flushable Wipes

_____ Johnsons Baby Wash
_____ Antibiotic Cream (Neosporine)
_____ Hydrocortisone Spray
_____ Neil Med Wound Wash
_____ Bausch & Lomb Eye Wash
_____ Sunscreen (supplied by parent)
_____ Ayr Nasal Spray
_____ Band-Aids

I give permission for the camp director or her designee to assist my child by providing over the counter medication if initialed above and to assist with the over the counter medication listed above. By signing this form, I agree that I will not hold the staff responsible for any adverse reactions from these over the counter medications.

PARENT SIGNATURE: _____ DATE: _____

PARENT NAME (printed): _____