

Prescription Medicines

I, _____, have provided the
(Parent/Guardian Name)
following prescription and/or over the counter medicine(s) to be
dispensed to my child, _____
(Child's Name)
during _____
(Event Name)
from _____ through the _____, 20____. I give
(Month Day) (Month Day) (Year)
permission to the following Prince of Peace UMC Youth Counselors
to store and dispense the prescription and/or over the counter
medicine:

Sharon Limbaugh

Shawn Danby

Clayton Limbaugh

Leigh Danby

Patti DeCorte

Edwin Clever

David Brobst

Jenny Day

Name of prescription and/or over the counter medicine and dosage:

Parent/Guardian Signature: _____

Date: _____