

James River
2026 RETREAT AND SUMMER CAMP
Medical Provider Permission

Participant Name: _____ Grade: _____ Gender: _____

Date of Birth: _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Physician Name (printed): _____ Physician Phone: _____

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, 2026 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 or faxed to 417-582-0167. For questions, please contact Registration at (417) 581-8636 or registration@jamesriver.church.