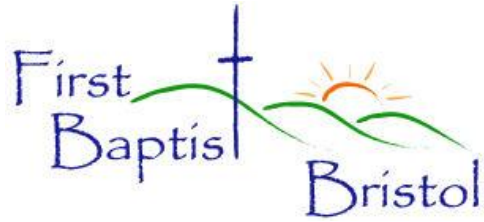


First Baptist Church  
Bristol, VA  
Youth Ministries



# Current Medications Form

Teen's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Current Medications:

Please print the name of each medication and directions for use.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

If your child should need an over the counter medication for an occasional illness such as a headache or cold, do we have permission to administer over the counter medication? Yes/No

If, so what medications to you approve of: Tylenol, Advil, Motrin, Alieve, Tums, Pepto Bismal, other \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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