



Permission to Administer Medication at Camp JCC

PLEASE PRINT ALL INFORMATION

Name of Child: _____

Medication to be administered: _____

Check one: Prescription [MUST BE IN THE ORIGINALLY PRESCRIBED CONTAINER](#)

Non-prescription [MUST HAVE THE PHYSICIAN'S SIGNATURE BELOW](#)

Storage instructions (ie: refrigeration) _____

PRESCRIBED DOSAGE: _____ Date(s)/time(s) at JCC Camp _____

Special dosing instructions (e.g. with food; empty stomach; avoid dairy products, etc.)

Time Schedule/Frequency _____

Length of time: _____ Days _____ Months _____ Indefinitely

Diagnosis/Reasons(s) for medication: _____

Possible side effects: **(This section must be completed.** Refer to the label or medication enclosure)

PRESCRIBING PHYSICIAN'S NAME & PHONE NUMBER:

Any medication given at Camp JCC must be accompanied by the medication form and/or notes from both the child's parent/guardian and physician. *All Medications must be brought to camp by the parent/guardian in the originally prescribed container and must be given to the Camp Office.*

We/I hereby release, discharge, and hold harmless the Jewish Community Center of Allentown, its agents and employees from any and all liability and claim whatsoever for the administration of the above medication to our/my child should there develop a reaction from the medication.

We/I _____ have read and agree to the above medication policy.
Please print name

Parent/Guardian Signature

Date

Physician Signature Non-Prescription medications

Date