

Medication Authorization

If Applicable

I hereby grant the Jewish Community Center of the Greater Palm Beaches permission to distribute medication to my child. I understand that all medications including creams, aspirin etc. must be given directly to the camp nurse or the Camp Director. I will not send medications with my child nor will I give my child's medication to anyone other than the camp nurse or the Camp Director.

All medications will be distributed by the camp nurse or the Camp Director except in situations when my child is on a field trip or out of town on an overnight trip. At that time medications will be distributed by your child's Unit Head.

I understand that ALL medications must be in their ORIGINAL CONTAINER. No medications will be accepted unless the above procedure is followed.

Child's Name: _____

Child's Camp Group: _____

Name of Medication: _____

Dosage: _____

Name of Physician: _____

Physician phone number: _____

Physicians Signature

Date

Parent Signature

Date

