



Medical Authorization

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. I also understand that all medications must be in the original packaging marked clearly with the campers name and disbursement amount. I will not send medications with my child. All medications will be distributed by the Camp Nurse or the Camp Unit Head if on a trip or overnight.

(If multiple medications are needed, please fill out an additional form)

Camper Name: _____

Camper Unit: _____

Name of Medication: _____

Dosage: _____

Time to be given: _____

Name of Physician: _____

Physician phone number: _____

Physicians Signature

Date