



## Medical Authorization

I hereby grant the Mandel JCC of the 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 camper's 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: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

