



Medication Authorization

I hereby grant the Mandel Jewish Community Center 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 Medication: _____

Dosage: _____ Time to be given _____

Please include all over the counter medication that the Camp Nurse can distribute to your child: examples, ibuprofen, itching cream, antiseptics, bacitracin ointment, etc. ***These can not be administered without a doctors signature**

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Name of Physician: _____

Please print

Physician phone number: _____

Physicians Signature _____

Date _____

*the camp nurse does not keep any over the counter medication at camp. If your child needs these medicines during the camp day they need to be provided by the parent.