Permission to Administer Medication Summer 2021

Please complete this form if your child is currently taking any medication during J-Camp

Name of Child:_____ **Date of Birth:**_____ **Age:**_____

Camp Name:_____ **Session:**_____

Name of Medication:_____

Does the medication need to be refrigerated? **YES** **NO**

Child's Physician Name:_____ **Phone Number: ( ) _____ - _____**

This medication will be dispensed by J-Camp staff only including both prescription and over-the-counter medications. All dosages sent to J-Camp must be in original containers with child's name, dosage directions and/or doctor's instructions clearly labeled on package. Dosage will be administered and documented according to directions on the bottle unless a physician directs otherwise.

Medication Instructions:

AMOUNT:_____ **TIME OF DAY:**_____ **NUMBER OF DAYS:**_____

Allergy:

If the child is exposed to an allergen, watch for the following signs of a *mild* allergic reaction:

- ☐ Hives
- ☐ Lightheadedness
- ☐ Red, swollen or itchy eyes
- ☐ Flushing
- ☐ Nausea/Vomiting
- ☐ Tingling
- ☐ Other:_____

If the child is exposed to an allergen, watch for the following signs of a *severe* allergic reaction:

- ☐ Lips/tongue swelling
- ☐ Tightness in cheat or throat
- ☐ Wheezing/difficulty breathing
- ☐ Other:_____

Medication should be administered at the following Signs/Severity:

Parent/Guardian's consent for J-Camp staff to administer medication:
This agreement must be signed before J-Camp can dispense any medication.
I give permission for the J-Camp Staff to administer the above medication to my child.

Parent/Guardian Signature **Date**

J-Camp Staff Signature **Date**

Medication Sign Out/Disposal

Parents/Guardians are responsible for the disposal of expired medication.

Return Date:_____ Parent Initials:_____ J-Camp Initials:_____

* This form must be kept on file for at least 7 years HW3; HW7; HW 19