# Permission to Administer Medication Summer

**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 Full Name** **Date**

_____

**Parent/Guardian Signature** **Date**

**Medication Sign Out/Disposal**

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

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

_____

**J-Camp Staff Signature** **Date**

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