



## 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 chest 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.

**Medication Sign Out/Disposal**  
 Parents/Guardians are responsible for the disposal of expired medication.

Return Date: \_\_\_\_\_ Parent Initials: \_\_\_\_\_ J-Camp Initials: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

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

J-Camp Staff Signature \_\_\_\_\_ Date \_\_\_\_\_