

Camp Keff Medication Form

STEP 1: CAMPER INFORMATION

Camper Name:	Parent/Guardian Name:
Birthdate:	Relationship:
Doctor's Name:	Doctor's Phone Number:

STEP 2: MEDICATION INFORMATION

Medication <small>All medication, including over the counter medications and vitamins, must be in the original package/bottle.</small>	Dosage <small>How much do we administer?</small>	Schedule					Reason for Medication	Possible Reactions Notes	CHOOSE ONE	
		Early: 6am	Breakfast: 8am	Lunch: 12pm	Dinner: 6pm	Bedtime: 9pm			OTC Over the Counter	RX Prescription
EXAMPLE: Albuterol	2 Puffs as needed						Asthma	None	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EXAMPLE: Amoxicillin	1 pill		X	X	X		Ear Infection	Nausea	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EXAMPLE: Vitamin C	1 pill		X				Prevent a cold	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

STEP 3: PARENT/GUARDIAN PLEASE READ AND SIGN BELOW:

I, the undersigned, who is the parent/guardian of the camper named above, request the administration to my child of both the over the counter medicine and the prescribed medication in accordance with the instructions as indicated above. **I recognize that if I do not correctly follow all of the steps and fulfill all of the instructions above that I will be contacted and medication will be withheld until this form has been completed.** If I do not correct this form expediently, I understand that I may be asked to pickup my child from camp. I understand that the Peninsula Jewish Community Center (PJCC) is not legally obligated to administer medication to my child, and therefore, I agree to hold the PJCC, its employees free from any and all responsibility for the results of such medication or the manner in which it is administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them. I will notify the camp immediately if any medical or contact information changes.

Parent/Guardian Signature: _____ Date: _____

Please put medication and form in a labeled ziplock bag and give it to the Camp Director.