

Medication Authorization and Guidelines

The JCC Camp By the Sea, in keeping with New Jersey state regulations, has established the following policies and procedures regarding the administration of medication during the program day.

Medications shall include all over the counter (non-prescription) medications as well as medications available only by prescription. All medications will be kept in the Medic/EMT office.

No medications are to be kept or administered by children. Exceptions are children who are approved for self-administration by our camp medic and your physician.

Each medication must be properly labeled with prescription. Over the counter medication must be sent in the original container with the child's name written on it. Medications are to be turned into the camp health center along with the Medication Permission Authorization forms. The forms must be fully completed and must include a signature from a parent/guardian.

Medications and forms are to be handed in together. Neither medications nor forms will be accepted separately. If you would like to hand-in medication in advance of the summer please contact the camp office directly.

Medication Permission Authorization Form

| Camper's Name: | Age: | Grade Entering: |
|--|------------------------------|---------------------|
| *Medication: | Dosage: (indicate in mg) | Frequency |
| Reason for medication: | | Time to be given: |
| *Medication: | Dosage: (indicate in mg) | Frequency |
| Reason for medication: | | Time to be given: |
| I give the JCC Camp By The Sea permission | on to administer the medicat | tions listed above. |
| Parent Signature: | | Date: |
| Home phone #: | Work # | Cell# |
| work # Cell# r children bringing epinephrine auto injectors: In signing this statement, I understand that if my child needs his/her inephrine auto injector, and the EMT/Camp Medic is not present, a trained delegate may administer the epinephrine to injector. | | |
| Parent Signature: | Date: _ | |