

Name of Child \_\_\_\_\_

Medication \_\_\_\_\_

Dosage/Time \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child currently on ANY other medication? (Please include non-prescription drugs or homeopathic/natural treatments?)

\_\_\_\_\_

\_\_\_\_\_

Does your child have any food or drug allergies?

\_\_\_\_\_

\_\_\_\_\_

Prescription medication **must be** in the original prescription bottle with your child's name, the medication name and dosage printed on the label. The bottle also must contain only the exact amount of medication for the time in camp.

Over the counter medications **must be** in the original packaging with the child's name written on the package.

**A parent's signature is required to dispense any medications. A physician's signature is required when the medication is to be dispensed in a different way than is listed on the packaging.**

**PERMISSION**

I grant permission for the Sabes Jewish Community Center to dispense the indicated medication to my child as described above.

Parent Signature

Date

Physician's Signature

Date