

**CAMP YACHAD 2010**  
**AUTHORIZATION TO ADMINISTER MEDICATION**  
**STAFF UNDER 18 YEARS OLD**

**HEALTH CARE PROVIDER MUST SIGN FOR ALL MEDICATIONS**

To better serve the needs of children, the JCC of Central NJ and Camp Yachad must have parental or legal guardian authorization to administer any and all medications, as well as a health care provider's signature and dosage information for all medications on file.

It is our policy that no medication (prescription or non-prescription) will be administered without an authorization form signed and dated by the parent/legal guardian and the health care provider. Please complete and return this form to the Camp Yachad office by **MAY 1.**

**PLEASE SAVE A COPY FOR YOUR RECORDS!**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/LEGAL GUARDIAN)**

Emergency Contact Name	Relationship	Home Number	Work Number	Cell Number	Authorized to Make Decisions?	
					YES	NO

**PRESCRIPTION MEDICATION**

Name of Medication	Indication	Dose	Frequency	Time(s) of Day	Permission to Administer (YES or NO)

**OVER-THE-COUNTER MEDICATION**

Name of Medication	Indication	Dose	Frequency	Time(s) of Day	Permission to Administer (YES or NO)
Acetaminophen/Tylenol	Headache, fever, pain				
Ibuprofen/Motrin/Advil or equivalent	Headache, fever, pain				
Robitussin or equivalent	Cough				
Benadryl	Allergy, itch				
Tums or equivalent	Heartburn				
Lactaid tablets or equivalent	Digestion of dairy				
Swim ear drops	Water in ear				
Dramamine or equivalent	Motion sickness				
Other (name):					

I do hereby give permission to the nursing/medical personnel selected by the JCC to secure and administer treatment, including first aid (i.e. Bacitracin and Neosporin ointments, Caladryl/Calamine lotion, hydrocortisone cream), x-rays, routine tests and hospitalization for the child named above.

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

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

**Mandatory for Staff Under 18**