



Consent Form for ALL Medication (Over the Counter & Prescription)

Dear Parents/Guardians:

We are writing to ask for your cooperation with our efforts as we attempt to best serve your children regarding the administration of any type of medication, including over-the-counter medication, during camp hours. State law prohibits campers from having medication in their possession and from administering their own medication. If the camp nurse is to administer the medication **PHYSICIAN ORDER, PARENTAL PERMISSION**, and the medication in its original container is required. All prescription medication, including Epipens, must be in their **original/pharmacy container/box** labeled with your child's name, medication name, dosage, specific time to be given, and prescribing physician's name to assure the correct identification of the medication. Please label all over-the-counter medications that are sent in to camp with your child's name and bunk. **Please fill out a separate form for each medication to be given in camp.** Thank you for your cooperation in this matter.

If you plan on sending in medication for your child, please complete the following:

Child's Name: _____ Date of Birth: _____

I, _____, hereby give permission for the Geshet Summer Program nurse or designee to administer the medication listed below. (I understand that, even with this form completed, the nurse will not dispense any OTC medication prior to consulting with me first.)

Parent/Guardian Signature

Date

Please have your physician complete and sign:

Physician's Request for Administration of Medication at Camp

Name of Medication: _____ Time of Administration: _____

Dosage: _____ Diagnosis: _____

Possible Side Effects: _____

Camper may/ may not carry and self-administer an inhaler while at camp

Physician's Name (Print): _____

Phone #: _____

Physician's Signature

Date

Physician's stamp