



2017
JEWISH COMMUNITY CENTER SUMMER CAMP
ADMINISTRATION FORM
FOR PRESCRIPTION MEDICATION

Child's Name _____ Date _____

Medication* _____ Dosage/Route _____

Time to be given _____ Time last dose prior to arrival _____

Parent Signature _____

Purpose _____ Side Effects _____

Special Instructions _____

Doctor _____ Phone _____ Allergies _____

Staff signature _____ Time given _____

*All medications must be in original container with label, child's name and medication administration instructions.



2017
JEWISH COMMUNITY CENTER SUMMER CAMP
FOR NON-PRESCRIPTION MEDICATION

Child's Name _____ Date _____

Medication* _____ Dosage/Route _____

Time to be given _____ Time last dose prior to arrival _____

Parent Signature _____

Purpose _____ Side Effects _____

Special Instructions _____

Allergies _____

Staff signature _____ Time given _____

*All medications must be in original container with label, child's name and medication administration instructions.