



JEWISH COMMUNITY CENTER
333 S 132nd St
Omaha, NE 68116

Date: _____

Medication Authorization Form

-one sheet for each child-

Child's Name: _____ Birthdate: _____ Grade in Fall _____

OVER THE COUNTER MEDICATION

I hereby authorize the Jewish Community Center of Omaha to administer/dispense the following over the counter medications at their discretion to my child, named above. I understand that the camp is rendering a service and does not assume any responsibility in this matter. Note: any other medication to be administered at camp **MUST** be given to the Camp Director before your child begins camp.

Check medications which are authorized:

Acetaminophen (Tylenol) – fever/headache

Dephehydramine (Benadryl) – allergic reaction

Ibuprofen (Advil) – fever/headache

Medication #1: _____ Dates to be Given: _____
(must be labeled and in its original packaging)

Dosage: _____ Route: _____ Times: _____
(must be the same as stated on package) (i.e. orally – right ear – left eye)

Possible Side Effects/Anticipated Reactions: _____

Any Special Instructions: _____

Medication #2: _____ Dates to be Given: _____
(must be labeled and in its original packaging)

Dosage: _____ Route: _____ Times: _____
(must be the same as stated on package) (i.e. orally – right ear – left eye)

Possible Side Effects/Anticipated Reactions: _____

Any Special Instructions: _____

I _____ have determined that _____ is competent to give or apply
Parent/Guardian Director/Camp Provider/Staff
medication to my child(ren). I understand that Camp Directors have the responsibility to assess the ability
of staff to give or apply medication safely and may give or apply medication to my child(ren).

Parent/Guardian Signature: _____

Date Signed _____