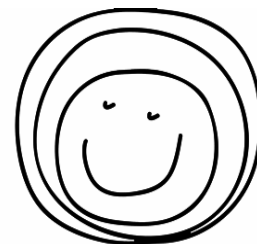


CAMP JCC

The Place to Be
In Summer 2008!



AUTHORIZATION TO MEDICATE

PARENTS/GUARDIANS

- A. Parents/guardians complete PART I and
- B. Send form to physician

PHYSICIAN

- A. Physician fill out PART II,
- B. RETURN all parts by **May 1, 2008** to: **Camp JCCGW – ATTN: NURSE**
6125 Montrose Road
Rockville, MD 20852

IMPORTANT INFORMATION!

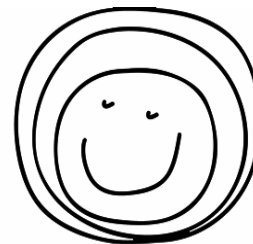
CAMP MEDICATION PROCEDURES

1. No medication will be administered in camp or during camp sponsored activities without the parent/guardian's signature and physician's signature on the AUTHORIZATION TO MEDICATE form on reverse side.
2. The parent/guardian is responsible for submitting a completely new AUTHORIZATION TO MEDICATE form to the camp each time there is a change of dosage or time of administration, as well as providing medication to cover for the appropriate length and dosage.
3. Parent/guardian's signature and physician's signature on a new AUTHORIZATION TO MEDICATE are required for each episode of illness and for each medication ordered.
4. The first full day's dosage of any new medication will not be given in camp.
5. All prescription medication must be in the properly labeled pharmacy container with the child's name.
6. All non-prescription medication must be in a new unopened container.
7. All medications for campers will be kept secure and accessible only to authorized administering personnel. The camp assumes no responsibility for the possible loss of the medication.
8. One week after expiration of the physician's order, a parent/guardian must personally collect any unused portion of the medication. Medication not claimed within one week of expiration of the physician's order will be destroyed.
9. The Jewish Community Center of Greater Washington does not assume responsibility for prescribed medication or non-prescribed medication administered by the camper to himself/herself.
10. In no case may any camp staff member administer any medication, even aspirin or Tylenol, outside the framework of the procedures above.

USE ONE FORM FOR EACH MEDICATION

CAMP JCC

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AUTHORIZATION TO MEDICATE - RELEASE & INDEMNIFICATION AGREEMENT

PART I - TO BE COMPLETED BY PARENT/GUARDIAN

We hereby request and authorize the JCC Camp to administer prescribed and nonprescription medications as directed by the physician named below. We agree to release, indemnify and hold harmless the Jewish Community Center of Greater Washington and officers, staff or agents from lawsuit, claim, demand or action, etc. that may be brought against them for administering prescribed and nonprescription medication as directed by the physician named below for this camper. We have read the procedures outlined on page 1 and assume the responsibilities as required.

CAMPER'S NAME _____	CAMP PROGRAM (session 1) _____	CAMP PROGRAM (session 2) _____	CAMP PROGRAM (session 3) _____
CAMPER'S BIRTHDATE __/__/__	PRESCRIPTION: __ RENEWAL __ NEW	If new, date of 1 st full day's dosage at home: __/__/__	If new, date of 1 st full day's dosage at home: __/__/__
PARENT/GUARDIAN SIGNATURE _____	RELATION TO CAMPER _____	DATE __/__/__	DATE __/__/__
PARENT/GUARDIAN SIGNATURE _____	RELATION TO CAMPER _____	DATE __/__/__	DATE __/__/__

SIGNATURES OF BOTH CUSTODIAL PARENTS LIVING IN HOUSEHOLD ARE REQUIRED

PART II - TO BE COMPLETED BY PHYSICIAN.

TO THE PHYSICIAN: Camp JCC discourages administration of medication to campers in camp. Any necessary medications which possibly can be administered before or after camp should be so prescribed. Camp personnel will, however, administer medication to campers during camp according to procedures outlined on page 1 when ABSOLUTELY necessary.

NAME OF MEDICATION _____	DIAGNOSIS _____
DOSAGE(S) & TIME(S) TO BE ADMINISTERED AT CAMP _____	DURATION OF MEDICATION START __/__/__ END __/__/__
POTENTIAL SIDE EFFECTS _____	
NAME OF PHYSICIAN (print) _____ (signature) _____ (date) __/__/__	

PART III - TO BE COMPLETED BY CAMP MEDICAL STAFF

- _____ Medication (properly labeled by pharmacist)
- _____ Over the counter medication in original container, with dosage by manufacturer
- _____ Date any unused medication is to be collected by parent (within one week after expiration of physician's order)

INDEMNIFICATION AGREEMENT

I have received from _____ (parent/guardian) the items indicated above and found all to be properly completed and/or labeled.

HEALTH SUPERVISOR'S SIGNATURE _____ DATE __/__/__

COMMENTS:

Separate form must be completed for each medication.

IMPORTANT - See Authorization to Medicate directions form for instructions & camp prescription procedures.

CAMP FAX - 301-881-6549 CAMP NURSE - 301-348-3752 CAMP OFFICE - 301-348-3883



JCC of Greater Washington
6125 Montrose Rd • Rockville, MD
301-881-0100 • www.jccgw.org

