

Eight Lights, Inc.

CAMP MENORAH

A Jewish Day Camp for Boys & Girls Ages 3-16

Mailing Address: 3 Bessom Street #158
Marblehead, MA 01945

Office Phone: (781) 631-8081

Camp Phone: (978) 768-6941

- For office use only -

Name: _____

Bunk: _____

CAMP MENORAH MEDICATION POLICY & AUTHORIZATION FORM

In order for the nurse or camp personnel to administer medication at camp, the parent or guardian must supply the following:

1. A written, signed, and dated authorization from the camper's parent or guardian.
2. A written, signed, and dated authorization with instructions for administering the medication from the child's physician.
3. The medication must come to the camp in the original labeled pharmacy container.

This portion to be filled out by parent or guardian:

I request that my child: _____ Age: _____
receive the medication as prescribed by: _____ (Physician's Name)

The medicine is to be furnished as follows:

1. Delivered to the camp by me or an adult assigned by me.
2. Delivered in an original pharmacy container.

Whenever possible, medication should be given at home with every effort made to avoid camp hours.

I understand that the camp is rendering a service and does not assume any responsibility in this matter.

Signature: _____ Print Name: _____

Phone Number: _____ Date: _____

Emergency Number: _____ Emergency Name: _____

This portion to be filled out by Physician:

I request that my patient receive the following medication:

Name of Camper: _____

Diagnosis: _____

Name of medication: _____ Quantity Received: _____ Expiration Date: _____

Prescribed dosage: _____ Route of Administration: _____

Time and method to be taken during camp hours (specific directions): _____

Expected duration of treatment: _____

Special storage requirements: _____

Signature of Examining Physician _____ Date _____ Phone _____

Print Name of Examining Physician _____ Address _____