

JCC Kaleidoscope Creative Arts and Science Camp

Leventhal-Sidman Jewish Community Center

333 Nahanton St., Newton, MA 02459

(617) 558-6523

kaleidoscope@jccgb.org

Medication Consent Form

PLEASE GIVE ALL MEDICATIONS DIRECTLY TO THE CAMP NURSE.

Child's name: _____

I, _____, (parent or guardian) give permission to the Kaleidoscope staff to administer the following medication to my child, in the following manner:

Name of medication: _____

Specific dosage to be given: _____

Specific time(s) to administer: _____

Reason for medication: _____

Possible side effects of this medication: _____

Name and phone of prescribing physician: _____

Parent Signature: _____ **Date:** _____

- ALL MEDICATION CONTAINERS MUST HAVE ORIGINAL PHARMACY LABEL
- NAME OF CHILD MUST BE ON THE ORIGINAL PRESCRIPTION LABEL
- MEDICATION MUST BE IN A SAFETY CAP CONTAINER
- EXPIRATION DATE MUST BE CURRENT

ALL MEDICATIONS MUST BE PICKED UP NO LATER THAN THE LAST DAY OF CAMP OR THEY WILL BE DISCARDED.