

## Summer Fun at the JCC Camps at Medford Medication Policy and Guidelines

The JCC Camps at Medford, in keeping with New Jersey state regulations, has established the following policies and procedures regarding the administration of medication during the program day.

Medications shall include all over the counter (non-prescription) medications as well as medications available only by prescription. All medications will be kept in the health center. No medications are to be kept or administered by children or non-medical staff. Exceptions are children who are approved for self-administration by our health center staff and your physician.

Each medication must be properly labeled. **Pharmacy labels are required for all prescriptions.** You can request your pharmacist to place each prescription medication into two (2) labeled containers: one for the health center nurse and one for home use. Over the counter medication must be sent in the original container with the child's name written on it.

Medications are to be turned into the camp health center along with the Medication Permission Authorization forms. **The forms must be completed and must include signatures by both parent/guardian and physician as well as a physician's stamp.** Medications will not be administered without a completed form.

**For children sending Epinephrine Auto Injector to camp:** If needed, the health center nurse will administer the epinephrine auto injector and call 911. If, for any reason the nurse is not present to administer the epinephrine auto injector, a trained delegate may administer it. If, for any reason, the delegate is unable to administer the epinephrine auto injector, 911 will be called to support the child. Antihistamines cannot be given by the delegate. If the nurse is not available, the delegate will administer epinephrine auto injector only and call 911.

Please make sure you have the medication permission form completed and signed by your physician to hand in at that time. **Medications and forms are to be handed in together. Neither medications nor forms will be accepted separately.**

**If you would like to hand-in medication in advance of the start of Summer Fun at the JCC Camps at Medford, the Health Center Director will be available on the following dates from 9:30 AM-3:30 PM: July 7, 8, 9, 14, 15, 16, 21, 22, 23.**

**Summer Fun at the JCC Camps at Medford  
Medication Permission Authorization Form**

Camper's/ Staff Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

\*Medication: \_\_\_\_\_ Dosage: (indicate in mg) \_\_\_\_\_ Frequency \_\_\_\_\_

Reason for medication: \_\_\_\_\_ Time to be given: \_\_\_\_\_

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\*Medication: \_\_\_\_\_ Dosage: (indicate in mg) \_\_\_\_\_ Frequency \_\_\_\_\_

Reason for medication: \_\_\_\_\_ Time to be given: \_\_\_\_\_

**I give the JCC Camps at Medford Health Center Staff permission to give (PHYSICIAN SIGNATURE REQUIRED):**

Acetaminophen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dosage _____
Ibuprofen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dosage _____
Benadryl	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dosage _____

**For children bringing epinephrine auto injectors:** In signing this statement, I understand that if my child needs his/her epinephrine auto injector, and the nurse is not present, a trained delegate may administer the epinephrine auto injector. **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Below must be completed by the parent/guardian AND physician  
for all medications you wish to have your child take during Summer Fun.***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office phone #: \_\_\_\_\_

Physician Comments: \_\_\_\_\_

Physician Stamp: