



**CAROLE AND MARCUS WEINSTEIN JEWISH COMMUNITY CENTER  
CAMP HILBERT 2010**

**Authorization to Give Medication**

*Minimum standards for Child Care Centers provide that non-prescription drugs, including but not limited to vitamins and aspirin, shall be given to a child only with the parent's or legal guardian's written consent.*

*Prescribed drugs shall be given to a child only in accordance with a signed doctor's order, in the original container supplied by the drug store with the label intact, and with the parent's or guardian's written consent for each separate occurrence.*

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Hilbert has my permission to administer the following drugs and medication:

Drug name and/or Prescription Number: \_\_\_\_\_

Dosage and Time: \_\_\_\_\_ Duration: \_\_\_\_\_

Special Instructions (if any): \_\_\_\_\_

\_\_\_\_\_

Date of prescription: \_\_\_\_\_

This authorization is effective until: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, request that center staff administer the medication prescribed above to my child during camp programs. I understand that the person who will administer the medication may not be medical personnel. I also agree to furnish said medication in the original container supplied by the drug store with the label intact.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date