



ALL MJCCA SCHOOL'S OUT PROGRAMS, VACATION CAMPS, AND SUMMER CAMPS

AUTHORIZATION TO ADMINISTER MEDICATION

If medication can be given at home, before or after program hours, please do so. If medication must be given during program hours, this form must be completed.

CHILD'S NAME: \_\_\_\_\_  
GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

I authorize the MJCCA staff to assist my child in taking this medication. I understand that:

- Medications must be in the original labeled container. Pharmacists may provide two labeled bottles for this purpose. Medications sent in baggies or unlabeled containers will not be administered.
- Written permission of the parent/guardian is required for the administration of all medications.
- The parent/guardian must inform the MJCCA of any medication changes. New medication or new doses will not be given unless a new form is completed.
- Medications must be provided to the office by the parent.

NAME OF MEDICATION: \_\_\_\_\_

DOSE \_\_\_\_\_ ROUTE \_\_\_\_\_ TIMES(S) to be given \_\_\_\_\_

DATE TO END MEDICATION: \_\_\_\_\_

CONDITION/ILLNESS REQUIRING MEDICATION: \_\_\_\_\_

POSSIBLE SIDE EFFECTS, IF ANY: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHYSICIAN'S PHONE: \_\_\_\_\_

I hereby absolutely and fully release The Marcus Jewish Community Center of Atlanta, Inc., its officers, directors, employees, members, and agents from any legal responsibility or liability, whatsoever, for administering or not administering medication.

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_