



**PERMISSION FORM FOR PRESCRIPTION MEDICATION ADMINISTRATION**

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

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN PHONE: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

PHYSICIAN NAME & PHONE: \_\_\_\_\_

PHYSICIAN'S ORDER: (This section to be filled out by physician.)

Indication for Medication:

Name of Medication:

Dosage and Directions for Use:

Possible Side Effects and Response Required:

Child may attend school/camp \_\_\_\_\_ Child may return to school/camp on \_\_\_\_\_

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

Print Physician Name & Address:

\_\_\_\_\_

I hereby confirm my primary responsibility to administer medication and provide health services to my child. However, in the event that I am unable to do so, I hereby authorize Jewish Council for Youth Services and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child, or allow my child to self administer while under the supervision of the employees and agents of JCYS, the above listed/identified lawfully prescribed medication and health services in the manner described above. I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATIONS AND DELIVERY OF HEALTH SERVICES TO MY CHILD TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A CERTIFIED NURSE OR HEALTH AIDE, AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I further acknowledge and agree that, when the lawfully prescribed medication or health services are so administered, or attempted to be administered, I waive any claim I might have against JCYS, its employees and agents arising out of the administration of said medication or services. In addition, I agree to hold harmless and indemnify JCYS, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication or health services.

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

**PLEASE FILL OUT FORM COMPLETELY WITH ALL SIGNATURES AND FAX TO:**

JCYS Camp Henry Horner, 847-740-5014