



KEEFE TECH SUMMER DISCOVER CAMP

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Summer Discover Prescription Medication Permission

Please fill this section out ONLY if your child requires medicine while at camp

Prescription medication must be brought to the nurse by a responsible adult in the original pharmacy bottle accompanied by parental permission and the licensed prescriber's authorization. The licensed prescriber's authorization must be dated throughout the duration of the program.

I give permission to the nurse to give my child _____ the following medication, as authorized below by the licensed prescriber.

I will supply the medication in the original labeled bottle. Permission is given to the nurse to notify staff at the nurse's discretion.

Parent/Guardian signature: _____ Date: _____

Licensed Prescriber Authorization

Child Name: _____ D.O.B. _____

Diagnosis: _____

Name of Medication: _____ Dose: _____ Time: _____

Side Effects: _____ Allergies: _____

Other Pertinent Information: _____

Duration of prescription: From: _____ To: _____

Printed Name or Stamp _____

Licensed Prescriber's Signature

Telephone: _____

Date: _____

Summer Discover NON-Prescription Medication Permission

Please fill this section out to give the camp nurse permission to administer the listed below medications as needed

I give permission to the nurse to give my child _____ the following over-the-counter medications. (adult doses only) If pediatric medication is needed, please supply medication in its original container along with the appropriate dosage (Circle all that may apply).

Ibuprofen

Tylenol

Benadryl

Tums

Visine

Parent/Guardian signature: _____ Date: _____

PLEASE RETURN THIS PAGE WITH CAMP APPLICATION