



Please be advised that we **MUST** have a current doctor's physical for every child (current within the last 12 months of camp) and proof of immunizations. Without this we cannot admit your child to camp.

**JCC of Mid-Westchester Camps 2019**  
**Medication Procedures**

Dear Parent/Guardian:

It is possible for you to have your child given both non-prescription and prescription medications, if needed. Please follow these guidelines.

**I. Acetaminophen (Tylenol) and Benadryl Only**

The medications that are available are acetaminophen (i.e. Tylenol, etc.) for fever or pain, and diphenhydramine hydrochloride (i.e. Benadryl, etc.) oral liquid for allergic reaction or itching. These medications will be given after you have been contacted in order to prevent medication duplication. In the unlikely event of a severe allergic reaction, Benadryl may be given with only your written permission. Even though we will call you before administering these medications, we are required to have it in writing in advance

**II. Prescription Medication(s) and Other Non-Prescription Medication(s)**

If your child has an illness that is being treated with either a prescription or a non-prescription medication the camp nurse or designee can administer it, if needed, during camp hours. In order to comply with Health Department regulations, please do the following if you need us to give medication to your child.

A. Ask your physician for a written order for any medication, either prescription or non-prescription that your child needs to take during camp hours. In addition, ask the physician to write down any restrictions for your child while your child is taking the medication. Remember, if your child is placed on a medication, ask the physician when he puts the child on any medication, to write you a note for the school to dispense the medication, if your child needs it during the camp hours, which includes the dates and times for the medication to be given. Give the physician's note to the camp nurse with the medication.

B. You must send the medication in the original container you received it in from the pharmacy or store. When you have a prescription filled, ask the pharmacist to put it into two containers - one for those doses to be given during the camp time and the other for those taken at home. On the container for prescription medications must be the child's name, medication name, dosage of medication, how the medication is to be given and frequency of administration. Containers saying administer as directed cannot be used by the camp nurse. On the containers of non-prescription medications, please write your child's name. All medications will be kept locked in the health office.

E. If possible, please bring the medication to the camp when it is the first time it is to be given. **DO NOT SEND MEDICATION IN YOUR CHILD'S BAG.** This is for the safety of all the children. If you can't bring it please give it to the adult who is bringing your child to camp that day and ask them to bring the medication to the camp nurse.

The above guidelines are those required for the safe administration of medications to your child. It is in your child's best interest that you follow them. If you have any questions, please call 472-3300.



# 2019 JCC of Mid-Westchester Camps

## Medical Form

### Return to Camp Office by June 3, 2019

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age at camp \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_  
Street Address City State Zip

Custodial parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home address \_\_\_\_\_  
 (if different from above) Street Address City State Zip

Second parent or guardian or emergency contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If not available in an emergency, notify:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street address City State Zip

## Health History

The following must be filled in by the parent/guardian. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp may be aware of your needs.

**Allergies:** List all known.

Describe reaction and management of reaction.

**Medication allergies (list)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Food allergies (list)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Other allergies (list)** – include insect stings, hay fever, asthma, animal dander, etc.

\_\_\_\_\_

\_\_\_\_\_

**Past Surgeries:** List age and reason

\_\_\_\_\_

\_\_\_\_\_

# Medications Being Taken

Please list all medications (including over-the-counter or nonprescription drugs) taken routinely. Keep the medication that you are bringing to camp in its original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Attach any additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer:

## Restrictions

Explain any dietary restrictions.

Explain any restrictions to activities (e.g. what cannot be done, what adaptations or limitations are necessary)

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware.

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of family dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Non-Prescription Medication Permission Slip

Please sign your name and for the medication(s) you want to have administered, if needed, to your child by the camp nurse. In most instances, the medication will not be given to your child until after you have been called and given your verbal permission. However, in the case of an allergic reaction, the camp will make every effort to contact you, but will administer Benadryl if it is necessary as long as you and your child's physician have signed this form.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

I give permission to the camp nurse to administer the following medication(s), if needed, according to the dosage listed, to my child as named above:

1. Acetaminophen (I.E. Tylenol, etc.), dosage listed below, every 4-6 hours as needed for pain or fever:

Ages 2-3 years (27-35 lbs.) 160mg. PO  
Ages 4-5 years (36-45 lbs.) 240mg. PO  
Ages 6-8 years (46 to 59 lbs.) 320 mg. PO  
Ages 9-10 years (66-85 lbs.) 400 mg. PO  
Ages 11 years (85-100 lbs.) 480 mg. PO  
Ages 12 and over (over 100 lbs.) 380-650 mg. PO

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Parent's/Guardians Printed Name

2. Diphenhydramine Hydrochloride (Benadryl) 12.5-25 mg. PO for allergic reaction.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Parent's/Guardian's Printed Name

**3. Bacitracin Ointment**

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Parent's/Guardian's Printed Name

**4. Hydrocortisone Cream 0.5%**

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Parent's/Guardian's Printed Name

**5. Calamine Lotion**

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Parent's/Guardian's Printed Name



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SUNSCREEN APPLICATION PERMISSION SLIP

Chapter 242 amended NYS Public Health Law allowing a child to carry and use sunscreen at camp when all the following apply:

- It is used to protect against overexposure to the sun
• It is approved by the FDA for over-the-counter use
• The child's parent or guardian provides written permission for the child to carry and use sunscreen.

This legislation also requires the camp to maintain a record of the parental/guardian permission and allows unlicensed personnel to assist with the application of sunscreen when the child is unable to do so, if the child requests the assistance and that this assistance is permitted/authorized by the parent/guardian and the camp.

Legislation effective date: August 30, 2013.

\*Please note that we will not apply another camper's sunscreen on your child. It must be provided by you and labeled with your child's name and group.

\*\*\*\*\*

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

Date of Birth: \_\_\_\_\_

Parent's Name (Please Print): \_\_\_\_\_

Please check all that apply:

- o I give my son/daughter permission to carry sunscreen
o I give permission for unlicensed personnel (ie. Counselor) to assist with the application of sunscreen when the child is unable to do so
o I do not give my son/daughter permission to carry sunscreen
o I do not give permission for unlicensed personnel to assist with the application of sunscreen when the child is unable to do so

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