

# Permission Form for Medication Camp Gan Izzy Solon

## **Complete all of the following information:**

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Allergy/Medical Condition: \_\_\_\_\_

Symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Medication:**

Name of medication: \_\_\_\_\_ Exact dosage: \_\_\_\_\_

To be administered at the following times: \_\_\_\_\_

*\*If epinephrine is required, please enclose a photo of your child with the medication.*

## **Check all that apply:**

☐ Prescription medication

☐ Nonprescription medication

☐ Refrigeration required

☐ Topical product or lotion

☐ Food supplement

☐ Modified diet

## **Medication should be:**

☐ Kept in camp building

☐ Brought along on all trips

☐ Kept with the counselor at all times

## **Permission:**

I give permission for my child, \_\_\_\_\_ to receive the above medication at Camp Gan Izzy.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Food Allergies:**

Foods your child is allergic to: \_\_\_\_\_

If the other campers are using/eating these foods, does your child need to be in a different room? \_\_\_\_\_

Can your child eat foods made in the same facility? \_\_\_\_\_

Please add any other details that may be helpful: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_