



## Authorization for Sunscreen and Medication

### (Everyone must sign this section)

My child, \_\_\_\_\_, may have sunscreen applied to exposed skin areas before going swimming. As a parent, I will apply sunscreen to my child's skin in the morning before arriving at camp. I also understand that even with sunscreen applied, my child (due to different skin sensitivities to the sun) may still get sunburned. I will provide sunscreen with a sun protection factor (SPF) of 30 or more.

\_\_\_\_\_  
Parent's Signature

*We highly suggest purchasing aerosol spray-type bottles. These bottles are kept at camp to prevent them from leaking inside your child's camp bag.*

### (Only fill out if your child will receive medication at camp)

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize over the counter treatment if necessary (example: Benadryl or Tylenol) \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child take any medications? Include diagnosis, name of medication, amount to be given, times & days to be given and any other instructions. A #5 Authorization Form is also required.

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

To which medications, food, etc., is your child allergic? (if none, please type "none")

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

Doctor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

I understand:

- I must turn in a #5 Authorization for Medication Form.
- Medication authorization is valid for the camp season.
- Medication must be in its original container and labeled to match directions for use given above.
- Camp medical staff will administer all medications unless otherwise notified.
- Medication may not be sent to or from camp in child's backpack. It must be given directly to the medical staff or administrator in charge.
- Please put everything, including this form, in a labeled Ziploc bag, with a measuring spoon with pre-marked measurements if needed.
- Emergency personnel (911) will be called if the David Posnack JCC staff deems it necessary. All efforts will be made to contact you if an emergency arises.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Daytime Phone #