



# Ramah Day Camp in Nyack



## ***MEDICATION FORM***

(For children who require prescription and/or over-the-counter medication at camp)

Please return this form *and* medicine to the nurses' office as soon as possible:

Ramah Day Camp in Nyack  
303 Christian Herald Road  
Valley Cottage, NY 10960  
Tel: 845-358-6240

**ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER.**

CHILD'S NAME: \_\_\_\_\_  
Last First

SESSION: (check one)

CURRENT GRADE: \_\_\_\_\_  
(Completed June 2016)

- ☐ 1<sup>st</sup> Session Only
- ☐ 2<sup>nd</sup> Session Only
- ☐ 5 Weeks
- ☐ 6 Weeks
- ☐ Full Season

PARENT'S NAME: \_\_\_\_\_  
Last First

HOME PHONE #: \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHYSICIAN'S PHONE #: \_\_\_\_\_

I hereby grant permission to the medical staff of Ramah Day Camp in Nyack to administer the following medications as described below:

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

Name of medication	# of times per day	Dosage	At the following hours (approx.)	*Notes

\* e.g., refrigeration,  
before or after  
meals, etc.