



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)

1st Session Only
 2nd Session Only
 5 Weeks
 6 Weeks
 Full Season

CURRENT GRADE: _____
(Completed June 2016)

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.