

Medication Authorization and Release

IMPORTANT: Must read and sign below.

Should my child sustain or incur any accident or illness while attending the Teva Learning Center program, I hereby authorize the Director of the program, or his agent, to execute any and all documents, including necessary releases, which might be required by any medical facility to perform any emergency care on my behalf.

In the event that the child has an accident or illness during the program which requires a visit to the doctor or a hospital, the existing family or school policies will represent the primary insurance coverage.

Should my child become ill, get a headache, catch a cold or have other minor medical or dental problems, I (please mark one) **DO** _____ **DO NOT** _____ give permission for the administration of non-prescription medication at the discretion of the Camp's medical personnel.

Signature _____ Relationship _____ Date _____

Prescription Medication

All Prescription medication must be accompanied by a pharmacy label containing the prescription number, the name of the medication, the dosage, directions for administration, and the child's name. All non-prescription medication must be in its original labeled container.

Medication that does not meet this requirement
WILL NOT be administered

Students will not be allowed to keep any medication with them. (except Epi-pens & inhalers)

Please list any medications accompanying the student:

Student's Name _____

1. Name of medication _____ Dosage and time _____ Reason _____
2. Name of medication _____ Dosage and time _____ Reason _____
3. Name of medication _____ Dosage and time _____ Reason _____

I have read and agree to the terms as listed above, and give permission to the medical staff of the Teva Learning Center to dispense the aforementioned medication to the aforementioned child.

Signature _____ Relationship _____ Date _____