



25 Store Hill Road, Old Westbury, N.Y. 11568

Phone: 516-626-9268 Fax: 516-626-7914

## Medication Notification

Date: \_\_\_\_\_

Dear Parent or Guardian:

If, at any time, it is necessary for your child to receive medication during program hours, the medication will only be administered if the following conditions are met (this includes such medication as aspirin, cough medicine, and all over the counter medications):

1. There must be a request from the physician indicating time, dosage, and any side effects to be noted. (form attached)
2. The above is accompanied by a signed request from the parent/guardian requesting and giving permission for the designed program authority to administer said medication. (parent must also sign attached form)
3. Medication must be in a pharmacy bottle with the pharmacy label; over the counter medication must be in original bottle.
4. A new form is to be submitted if there is any change in medication or dosage.

If you have any questions regarding our medication policy, please contact the nurse. Your cooperation is appreciated.

Sincerely,

Camp Nurse

## Request for Administration of Medication

Date: \_\_\_\_\_

Dear Administrator:

I hereby request and authorize the person designated by the Old Westbury Summer Camp to administer the following medication to:

Name of Child: \_\_\_\_\_

Medication: \_\_\_\_\_

Time(s) to be administered: \_\_\_\_\_

Dosage: \_\_\_\_\_

Side effects to be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that the medication can be given during program hours, only if a schedule cannot be worked out whereby the medication can be given at home.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License #: \_\_\_\_\_

Physician's Phone Number: (     ) \_\_\_\_\_