

Palisades Country Day Camp
248 Herbert Avenue
Closter, NJ 07624
201-784-7600 ext. 3
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Email: pcdcoffice@palisadescountryday.com

Parents,

The Palisades Country Day Camp requires that all campers who need medication (OTC as well as prescription) during camp hours must do the following:

1. Present a written consent form signed by the parent
2. Bring medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law
3. The child's physician must also sign the request form

Name of child- _____

TO BE COMPLETED BY THE PHYSICIAN

Name of medication: _____

Specific Time(s) and dose(s) to be given at Camp: _____

Length of time: _____

Diagnosis: _____

Printed Name of Physician

Signature of Physician

Date: _____

TO BE COMPLETED BY PARENT

I, _____, give permission for my child to receive the above medication as directed.

Parent's Signature

Date