



Physician's Recommendations for Medication During the Camp Day

Lawrence Family Jewish Community Center | JACOBS FAMILY CAMPUS | 4126 Executive Drive La Jolla, CA 92037 | (858) 362-113

Child's Name (First/ Middle/ Last):	
Child's Birthdate:	This form is valid for the calendar year of: 2026
Enrolled Camp(s)/ Program(s):	

My child who is required to take, during the regular day, medication prescribed for him/her by a physician, may be assisted by designated personnel of the Lawrence Family Jewish Community Center, JACOBS FAMILY CAMPUS if the Lawrence Family JCC receives the following: (1) a written statement from such physician detailing the method, amount, and time schedule by which such medication is to be taken, and (2) a written statement from the parent or guardian of the child indicating the desire that the JCC assist the child in the matters set forth in the physician's statement. (*California Ed. Code 49423*)

1. The fact that this is a service or accommodation which the Lawrence Family JCC is not legally required to perform is recognized by all parties signing this form, and in so signing they agree to hold the Lawrence Family JCC, its officers, employees, or agents harmless from all liability, suits, or claims of whatever nature or kind, which might rise out of these arrangements.
2. I, the undersigned, as legal parent/guardian, request that the medicine(s) be made available to my child at the times prescribed.
3. All medications must be in a prescription container which is labeled with the name of my child, the prescribing physician's name, amount of medication prescribed, and time to be administered.
4. An adult must bring the medication to camp on or before the first day of camp, and any medication not picked up after the last day of camp will be discarded (unless otherwise arranged).
5. A new form must be on file for each calendar year.
6. If any of the conditions in the physician's statement change, a new form will be signed by the parent/guardian and the physician.

Parent/Guardian Signature:		Date:
Home Phone:	Cell Phone:	Work Phone:

Camp Nurse Signature:	Date:
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THIS PORTION TO BE COMPLETED BY A PHYSICIAN LICENSED IN THE STATE OF CALIFORNIA

Medication #1		
Name of Medication:	Method of Administration:	Dosage:
Time to be Give:	Frequency:	Discontinue on (Date):

Medication #2		
Name of Medication:	Method of Administration:	Dosage:
Time to be Give:	Frequency:	Discontinue on (Date):

The nature of condition requiring medication(s) during the camp day:
Other Information/Instructions:
Do you wish to have the Lawrence Family JCC personnel contact you to discuss this medication?:

Do you wish to have the Lawrence Family JCC personnel contact you to discuss this medication?: Yes No

Physician Information	
Physician Name:	Medical License #:
NPI #:	Office Phone #
Signature:	Date: