



**Medication Policies and Permission Slips
2012-2013 School Year**

Please read the following carefully and fill out and return the form below with your emergency and health examination forms. We must have all three forms before we can allow your child to stay at camp or school.

1) Please let us know if your child is on medication of any kind. If your child needs medication during the day you and your pediatrician must fill out a medication administration form which you can get from the office. All medication must be in original containers, labeled and will be kept in a lock box in the office. No medication of any kind can be kept in your child's backpack, including diaper rash cream. We will keep unexpired medication for one week after disenrollment or school closure. We will be glad to work with you to accommodate any special needs your child may have.

2) If your child has a chronic condition such as asthma or allergies which requires medication to be kept on site, you and your pediatrician must fill out a health care plan as well as a medical administration form. There can be found in the office.

3) It is your responsibility to apply sunscreen to your child before preschool or camp. Teachers will be reapplying sunscreen throughout the day as needed using labeled sunscreen provided by you. Please sign approval from below.

4) We can use diaper rash cream when needed, with parent permission. In order to apply over-the-counter cream to your child, you must inform their teacher and supply it in its original labeled container. We do not routinely apply cream of any kind. We must have a doctor's approval written in a medical administration form to apply any type of prescription or over the counter cream to skin which is cracked or has open sores.

5) Several of our teachers have been trained in medical administration procedures and will be the ones giving any medication necessary. We are working closely with a physician's assistant consultant. All medical information will be kept confidential between staff, the physician's assistant and the director.

I give permission for the staff of the Boulder JCC Preschool to apply the sunscreen I have provided to my child _____.
Child's Name

I give permission for the staff of the Boulder JCC Preschool to apply the diaper rash cream I have provided to my child _____.
Child's Name

I give permission to delegated staff to administer medication and share medical information concerning my child _____ with the physician's assistant, other staff and the director of the Boulder
Child's Name

JCC preschool. (If you do not give permission, we will not be allowed to administer medication of any kind to your child).

Print Name _____

Signature _____