



I give JCC Greater Boston, Inc. permission to administer the following over the counter medications at their discretion:

Acetaminophen (Tylenol) – fever/headache

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Diphenhydramine (Benadryl) – allergic reaction

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Ibuprofen (Advil) – fever/headache

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**AUTHORIZATION**

This health history is correct as far as I know and I am able to engage in all prescribed camp activities, except as noted. In the event I am unable to respond in an emergency, I hereby give permission to JCC Greater Boston, Inc. to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the staff member named above. If the staff member is under 18, I understand that JCC Greater Boston will make every effort to reach the parent/guardian noted below.

I attest to the fact that all information herein is both accurate and true. My signature below indicates acceptance of all terms and conditions stated on all pages of this form.

Staff signature

Date

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If under 18, parent/guardian must sign

Date

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**This form is not complete unless signed above and accompanied by a recent copy of a physician's health history/immunization form (dated within one year of August of the current camp season).**