



I \_\_\_\_\_ authorize the administration of the Prescribed Medication(s)  
Print Parent/Guardian First/Last Name  
 listed below to \_\_\_\_\_ by the YMCA Day Camp/PA Day Site Manager or staff  
Child's First/Last Name  
 designated by the Site Manager.

**Medication Information**

It is mandatory that any medication(s) in their original container with the child's name, dosage and Doctor's name printed on the label. Medication(s) will not be administered without the above noted requirements.

Medication(s) must be directly given to the YMCA Day Camp/PA Day Site Manager or designated staff at the beginning of each day. Medication(s) will be kept confidential and in a secured, temperature appropriate area. We ask that parents do not send medication(s) in their child's backpack. Children who self-administer their medication(s) must be supervised by the Site Manager or designated staff and their medication(s) must be given to the Site Manager or designated staff each day for storage.

Condition/Reason for Medication(s): \_\_\_\_\_

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

Refrigerated:  Yes  No

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

To be given at the following time(s): \_\_\_\_\_ am \_\_\_\_\_ am \_\_\_\_\_ am \_\_\_\_\_ am  
 \_\_\_\_\_ pm \_\_\_\_\_ pm \_\_\_\_\_ pm \_\_\_\_\_ pm  
Circle am or pm

Prescribing Physician's Name: \_\_\_\_\_ Office Ph#: \_\_\_\_\_

Signs/Symptoms that would require medication to be administered: \_\_\_\_\_

Possible reactions/side effects of administering the medication: \_\_\_\_\_

Action to be taken (including stopping the medication) if the camper experiences the above noted reactions: \_\_\_\_\_

Record of administration: To be completed by Day Camp Supervisor or Designated Staff. Please present completed form to Camp Manager with medication in original bottle/container.

Medication	Time/Date Administered	Dose Administered	Administered by

I, the parent or legal guardian of the abovementioned child, shall notify the YMCA in writing if there is a cancellation or change to this medication. I further give permission for designated YMCA personnel or its agents to administer the above medication to my child, or to assist my child to self-administer, if applicable.

This form shall also permit designated YMCA personnel or its agents to share and request relevant health information regarding the administration of this medication. This information will be held in the strictest confidentiality.

I acknowledge that the YMCA and its agents who are acting within the scope of their duties shall be held harmless in any and all claims or actions arising from the administration of the above noted medication.

By signing my name, I acknowledge that I have carefully read and completed the information requested in this form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

Emergency Contact 1: \_\_\_\_\_ Phone #: \_\_\_\_\_  
First/Last Name

Emergency Contact 2: \_\_\_\_\_ Phone #: \_\_\_\_\_  
First/Last Name

**Complete reverse if more than one medication is to be administered**



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mm/dd/yyyy

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First/Last Name

Emergency Contact 2: \_\_\_\_\_ Phone #: \_\_\_\_\_  
First/Last Name