

YMCA DAY CAMP MEDICATION FORM

NOTE: YMCA Program staff cannot administer medication (prescription or over-the-counter) unless this form is completed and signed.

Prescription Medications: must be signed by a parent or guardian. All prescriptions must be in the original container.

Staff will hold and dispense medication according to physician's instructions or instructions on over-the-counter medication with a written prescription from their doctor. The YMCA will retain the medication for the duration of the session and return any unused medication at the end of each session.

Over-the-counter & Prescription Medications: to be signed only by parent or guardian, however physician information is still necessary.

Name of Child: _____ Date: _____

Medicine: _____ Dosage: _____

Method of Administering (i.e., injection, inhaler, etc.) _____

Does Medication require refrigeration? YES NO

Diagnosis: _____ Is Condition Contagious? YES NO

Dates to be administered:
From _____ To _____ Time(s): _____

(Note: We will only dispense medication as per labeled instructions)

Parent's Signature: _____ Phone #: _____

Valid for one week at a time for the length of prescription as stated by physician,
e.g.: antibiotic 10 days, unless otherwise stated by physician.

We will not administer any medication without this completed form.

Name of Child: _____ Date Received: _____					
Medicine received: _____					
	Monday	Tuesday	Wednesday	Thursday	Friday
Time to be given: AM					
Staff Sig.					
Time to be given: PM					
Staff Sig.					