



YMCA Day Camp Medication Form

YMCA Program staff cannot administer medication unless this form is completed & signed.

Prescription Medications must be brought to camp in the **original prescription bottle**.

Camper Name: _____ Session Date: _____

When should the medication be sent home? Daily End of Week This date: _____

Scheduled Medications

Please only send medication needed for the week.

Prescription Name:	Dose: (i.e. 2 pills)	Directions: (i.e. w/ food, 2x per day, etc.)	Scheduled Time:	Refrigeration Required? Y/N

As-Needed Medications

including inhalers or epi-pens

Name: (i.e. Inhaler)	Dose: (i.e. 2 puffs)	Directions: (i.e. w/ food, wait 15 min between doses, etc.)	Refrigeration Required? Y/N

Camp Medication Release Record

To be completed by camp staff.

Medication Received:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Time Given AM:					
Staff Signature					
Time Given PM:					
Staff Signature					
Medication Received:					
Time Given AM:					
Staff Signature					
Time Given PM:					
Staff Signature					

I authorize YMCA of the North staff in the administration and/or use of all above listed medication(s) to my child.

X

Guardian Signature and Date