DAY CAMP

MEDICATION AUTHORIZATION FORM



MEDICATION REQUIREMENTS:

Prescription medications must be in the original container with the pharmacist's label marked with the prescription number, date, child's name, and physician's name.

All non-prescription medications (OTC's) must be labeled with child's name.

Please fill out one form per medication. Turn this form in to camp staff with your medication(s) upon arrival at your camp or bus stop.

Child's Name:		until	
Authorization is effective from	(start date)	(end date)	
I authorize the administration of			by day camp staff.
		(name of medication/s)	
Instructions for administration of			
☐ I will pick up any remaining ☐ I give the YMCA camp staf	_	•	

RECORD OF ADMINISTRATION (TO BE FILLED OUT BY CAMP STAFF)

Staff Name	Date	Name of Medication	Dosage	Time