## 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 give all medications to camp staff upon arrival at your camp or bus stop.

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Child's Name: _____

Authorization is effective from _____ until _____.
(start date) (end date)

I authorize the administration of _____ by day camp staff.
(name of medication/s)

Instructions for administration of medication/s (dosage instructions):

_____

_____

_____

- ❑ I will pick up any remaining medication from the YMCA camp staff if not used.
- ❑ I give the YMCA camp staff permission to dispose of any unused medication.

Parent/Guardian Signature: _____ Date: _____

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

| Staff Name | Date | Name of Medication | Dosage | Time |
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