## 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.

Child's Name:				
		until _		
Authorization is effective from _	(start date)		(end date)	
I authorize the administration of				by day camp staff.
		(name of		
Instructions for administration of	f medication/s	dosage	instructions):	
☐ I will pick up any remainin☐ I give the YMCA camp stat	-		•	
Parent/Guardian Signature:				Date:

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

Staff Name	Date	Name of Medication	on Dosage	