YMCA Day Camp Medication Consent Form

This form needs to be handed to the Day Camp Coordinator on the campers first day of camp along with the medication
Ensure you read the Family Handbook page 6 in regards to how medication is to be sent to camp.

Camper's Name _____ Date of Birth _____ yy _____ mm _____ dd

Medication Name _____ Dosage _____

Description: _____

Date Prescribed _____ Times to Administer _____

Time of Last Dose _____ Method of Storage _____

I release the YMCA Day Camp Program and Staff from any liability, however caused, arising from the administration of, or failure to, administer the medication provided herein.

Child administering own medication? ☐ Yes ☐ No (if yes, this still needs to be done in direct supervision of the camp staff)

Parent/Guardian Signature _____ Date _____

Medication/Treatment Administration Record:

Date	Time	Dosage	Drug Administrator's Signature

This record is to be retained in the camper's file.
Additional forms may be attached if required without additional authorizing signatures.