

J. Smith Young YMCA Summer Camp Medication Administration Release Form

All medications shall be administered only with the written approval of a parent or guardian. Prescription medications will be given only as directed on the label or as otherwise authorized by parent/guardian. Medications must have the child's name, amount to be administered and date of expiration on the containers in which they are stored.

****A SEPARATE FORM MUST BE COMPLETED FOR EACH TYPE OF MEDICATION.****

Child's Name	Birth Date
Address	Home Phone
Parent/Guardian's Name	Work Phone
Cell Phone	

Medical Problem	
Name of Medication	
Dosage	How often?
Additional Instructions	

Does child carry their own medical supplies during camp?		
Example: asthma inhaler, diabetes medication, epi pen	Yes	No
If yes, what supplies?		
If yes, can child self-administer medication under staff supervision?	Yes	No

I authorize the YMCA staff to administer the above listed medication to my child during the summer camp program hours.	
Parent/Guardian signature	Date
Emergency Phone #	
Physician's name and phone #	