



# YMCA Day Camp Medication Form

YMCA Program staff cannot administer medication unless this form is completed & signed.

Prescription Medications must be brought to camp in the original prescription bottle.

Camper Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date to Return Medication Home: \_\_\_\_\_

## Scheduled Medications

*Please only send medication needed for the week.*

Prescription Name:	Dose: (i.e. 2 pills)	Directions: (i.e. w/ food)	Time:	Refrigeration Required?

## As-Needed Medications

*including inhalers or epi-pens*

Name: (i.e. Inhaler)	Dose: (i.e. 2 puffs)	Directions: (i.e. w/ food)	Refrigeration Required?

## Camp Medication Release Record

To be completed by camp staff

Medication Received:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Time Given AM:					
Staff Signature					
Time Given PM:					
Staff Signature					
Medication Received:					
Time Given AM:					
Staff Signature					
Time Given PM:					
Staff Signature					

I authorize YMCA of the Greater Twin Cities in the administration and/or use of all above listed medication(s) to my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date