



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Camp St. Croix Medication(s) Release Form

Camper Name: _____ Session and Camp Program: _____

If your child will need medication(s) during their stay at camp, the following information must be completed.

AUTHORIZATION TO ADMINISTER MEDICATION(S)

This authorization form is necessary to comply with the State of Wisconsin Department of Health and Social Services requirements.

I hereby authorize the administration of the following medication(s) to my child by staff of YMCA Camp St. Croix.

Parent/Guardian Signature _____ Date _____

Name of Medication	Type (pill, liquid, etc)	Dosage	Prescription	Special Instructions
			Yes___ No___	
			Yes___ No___	
			Yes___ No___	

All medications must be submitted to Camp St. Croix health staff at check-in. Prescription medication must be in the original container with a licensed physician's instructions. Please place all medications and this form in a sealed bag (zip-lock works well) with camper's name and dosage information. Unused medications will be returned at the close of the session.

12-0001



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