



FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

YMCA Camp St. Croix Medication(s) Release Form

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

I hereby authorize the administ Parent/Guardian Signature	stration of the following medical		TMCA Camp St. Cloix.	
Name of Medication	Type (pill, liquid,etc)			Special Instructions
Name of Medication	Type (pill, liquid,etc)	Dosage	Prescription	Special instructions
			Yes No	
			Yes No	
			YesNo	
	turned at the close of the sessi			
the				FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILIT
YMCA Camp St.	Croix Medicatio			FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILIT
				FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILIT
YMCA Camp St. Camper Name: If your child will need medicat AUTHORIZATION TO This authorization form is need in the property of the propert	Croix Medicatio ion(s) during their stay at camp, ADMINISTER MEDICA: cessary to comply with the State stration of the following medical	Session a the following information m FION(S) of Wisconsin Department o ion(s) to my child by staff of	and Camp Program: ust be completed. f Health and Social Services re	FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILIT
YMCA Camp St. Camper Name: If your child will need medicat AUTHORIZATION TO This authorization form is need I hereby authorize the adminis	ion(s) during their stay at camp, ADMINISTER MEDICA tessary to comply with the State stration of the following medical	Session a the following information m FION(S) of Wisconsin Department o ion(s) to my child by staff of	ind Camp Program: ust be completed. f Health and Social Services re YMCA Camp St. Croix.	FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILIT equirements.
YMCA Camp St. Camper Name: If your child will need medicat AUTHORIZATION TO This authorization form is need I hereby authorize the administration of the parent/Guardian Signature	ion(s) during their stay at camp, ADMINISTER MEDICA essary to comply with the State stration of the following medical	Session a the following information m FION(S) of Wisconsin Department o ion(s) to my child by staff of	and Camp Program: ust be completed. f Health and Social Services re	FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILIT
YMCA Camp St. Camper Name: If your child will need medicat AUTHORIZATION TO This authorization form is need I hereby authorize the administration of the parent/Guardian Signature	ion(s) during their stay at camp, ADMINISTER MEDICA tessary to comply with the State stration of the following medical	Session a the following information m FION(S) of Wisconsin Department o ion(s) to my child by staff of	nnd Camp Program: ust be completed. f Health and Social Services re YMCA Camp St. Croix. Prescription	FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILIT equirements.

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.

Session and Camp Program:

Unused medications will be returned at the close of the session.