



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

Date of Birth: \_\_\_\_\_

Session Start Date: \_\_\_\_\_

# CAMP WARREN

## Medication(s) Release Forms

Please bring completed form with you on the first day of camp.

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

Please only send prescription medication and send only enough medication in the original containers for the durations of your campers stay at camp. All over the counter meds will be provided by camp.

### AUTHORIZATION TO ADMINISTER MEDICATION(S)

I hereby authorize the administration of the following medications(s) to my child by staff/Health Care Provider of the YMCA.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Name of Medication	Dosage	Time to be administered	Special Instructions

All medications must be submitted to Health Care Provider or Camp 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.**

### Questions?

YMCA Customer Service Center  
2125 East Hennepin Avenue, Suite 100  
Minneapolis, MN 55413  
Phone: 612-822-2267

Upload document at [ymcamn.org/contact\\_us](http://ymcamn.org/contact_us)