

YMCA DAY CAMP—CONSENT TO ADMINISTER MEDICATION

I _____ authorize the administration of the Prescribed Medication(s) listed below to
 (parent name)
 _____ by the YMCA Day Camp/PA day camp site manager or staff designated by the site manager.
 (child name)

Procedures: ALL medications need to be in their original package WITH the name of the child, dosage, and prescribing Dr.'s name printed on the label. All medications will be kept secured by the YMCA staff and administered or given to the child to self administer. PLEASE deliver medication DAILY to the camp staff for safe storage. Having medication(s) in the child's backpack is not considered a safe storage.

Medication will not be administered without following the above procedure.

Condition/reason for medication:

Name of the prescribing physician:

NAME OF MEDICATION(S)	STORAGE	DOSAGE	ADMINISTRATION TIMES
	Refrigerated/not refrigerated		AM/PM ----, AM/PM _____
	Refrigerated/not refrigerated		AM/PM ----, AM/PM _____
	Refrigerated/not refrigerated		AM/PM ----, AM/PM _____
	Refrigerated/not refrigerated		AM/PM ----, AM/PM _____

Sign and symptoms that would require medication to be administered:	
Possible reactions/side effects of administering the medication:	
Actions to be taken if the camper experiences the above noted reactions: (this can include stopping the medication);	

I, the parent or legal guardian of the above mentioned child, shall notify the YMCA in writing if there is a cancellation or change to this medication. I further give permission to designated YMCA personnel, or its agents, to administer the above medication to my child or to assist my child to self administer, if applicable.

This form shall also permit designated YMCA personnel, or its agents, to share and request relevant health information regarding the administration of this medication. This information will be held in the strictest confidentiality.

I acknowledge that the YMCA and its agents who are acting within the scope of their duties shall be held harmless of any and all claims or actions arising from the administration of the above noted medication.

By signing my name, I acknowledge that I have carefully read and completed the information requested in this form.

Parent/Guardian Signature: _____

Date: _____

Emergency Contact 1	PHONE #
Emergency Contact 2	PHONE #

YMCA DAY CAMP—RECORD OF MEDICATION ADMINISTRATION

Camp STAFF: PLEASE put the time of administration and sign AFTER your administered the medication (or handed the medication over to the child to self administer)

Name of Camper: _____

Medication Data	WEEK OF :	Day 1	Day 2	Day 3	Day4	Day 5
Name of medication _____						
Dosage: _____						
Time of Administration _____						
Route: Oral, Inhaled, injected						
Medication Data	WEEK OF :	Day 1	Day 2	Day 3	Day4	Day 5
Name of medication _____						
Dosage: _____						
Time of Administration _____						
Route: Oral, Inhaled, injected						
Medication Data	WEEK OF :	Day 1	Day 2	Day 3	Day4	Day 5
Name of medication _____						
Dosage: _____						
Time of Administration _____						
Route: Oral, Inhaled, injected						
Medication Data	WEEK OF :	Day 1	Day 2	Day 3	Day4	Day 5
Name of medication _____						
Dosage: _____						
Time of Administration _____						
Route: Oral, Inhaled, injected						
Medication Data	WEEK OF :	Day 1	Day 2	Day 3	Day4	Day 5
Name of medication _____						
Dosage: _____						
Time of Administration _____						
Route: Oral, Inhaled, injected						