

# RYE YMCA DAY CAMPS MEDICATION FORM

**Important. Please make sure you understand the following before proceeding:**

This form must accompany the Camp Health Examination form. Camping Regulations require that the following form be completed and signed by a parent/guardian in order for a trained and certified staff member to administer prescribed medications during camp operating hours. All medications must be in a pharmacy labeled container with the name of the child below as the prescribed, name of the drug, strength, dosage, frequency, authorized prescriber and the date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name.

**Over the Counter (OTC):** All over-the-counter medications must be labeled with the campers name and your prescribed time and use. This form must be completed.

Medications MUST be delivered by the authorizing parent/guardian. You may NOT send medications with your child to camp. All medications are kept in locked storage and can only be accessed by designated personnel. Certain medications such as inhalers and epi-pens may be allowed to be carried by the camper at the Camp Director's discretion.

Camper Name:		Age:	
Date of Birth:	Guardian:		Relationship:
Address:			
City:	State:	Zip:	
Home Phone:		Cell Phone:	

**DRUG INFORMATION:**

Drug Name \_\_\_\_\_

Dose \_\_\_\_\_ Method \_\_\_\_\_

Time \_\_\_\_\_ Administered between these dates \_\_\_\_\_

Relevant side effects to be observed, if any  
\_\_\_\_\_

If side effects, plan for management  
\_\_\_\_\_

Is this a controlled drug? \_\_\_\_\_ Allergies or interactions with other food/drugs \_\_\_\_\_

If "When Needed" describe indications  
\_\_\_\_\_

Print Name of Camper's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PARENT/GUARDIAN'S AUTHORIZATION**

I hereby request that the above medication, approved and ordered by an authorized doctor for my child be administered by the camp health provider during day camp operation hours specified above. I understand that I must supply the camp with the appropriately prescribed medication in the original container dispensed and properly labeled by an authorized prescriber. Over the counter medications will be in their original packaging and have my child's full name clearly labeled.

I understand that if not picked up, this medication will be destroyed after one (1) business week following the termination of the order or end of participation in Rye YMCA day camp programs.

I give my child permission to self-administer his/her prescribed inhaler or epi-pens as directed by the child's physician.  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_