YCAMP™

We build strong kids, strong families, strong communities.

LAST NAME _____

YMCA OF SOUTHWEST ILLINOIS

MEDICATION AUTHORIZATION FORM 2010

Prescription medication shall be in the original container and labeled with the prescription #, prescription name, strength & quanitity of the prescription, the child's name, Date of original issue or with refill (most recent date), name & address of licensed pharmacy issuing the medication, directions for use including times and amount for dosages, and the physician's name. Only medication that is prescribed and in original pharmacy containers will be allowed to be given.

I authorize camp personnel to administer the following medication to my child:

Child's Name	Nickname

Address City Zip

Home Phone ( )	Birthdate___/___/___	
Date medication taken from:		Until:
Dosage:	Time(s):	

Possible side effects:

Parent or Guardian Signature:	Date:

RECORD OF ADMINISTRATION

STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME