AUTHORIZATION TO ADMINISTER MEDICATION

DAY CAMP | YMCA OF PIERCE AND KITSAP COUNTIES

ANY CHILD REQUIRING MEDICATION DURING THE CAMP DAY IS REQUIRED TO PROVIDE AN AUTHORIZATION TO ADMINISTER MEDICATION FORM THAT HAS BEEN FILLED OUT BY THE CHILD'S PARENT/GUARDIAN. THIS FORM NEEDS TO BE TURNED IN TO THE OFFICE BEFORE THE CHILD'S FIRST DAY OF CAMP. A SEPARATE FROM IS REQUIRED FOR EACH MEDICATION.

CHILDREN MAY NOT TRANSPORT THEIR OWN MEDICATION. ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER, WITH THE CHILD'S NAME, THE NAME OF THE MEDICATION, AND THE DOSE OF THE MEDICATION INDICATED ON THE PRESCRIPTION LABEL. EXPIRED MEDICATION WILL NOT BE ACCEPTED.

PLEASE WRITE CLEARLY AND COMPLETE THIS FORM IN ITS ENTIRETY.

MEDICATION AUTHORIZATION FOR:

CHILD'S FULL NAME	DATE OF BIRTH

MEDICATION INFORMATION

TODAY'S DATE	NO. PILLS GIVEN	NO. PILLS RETURNED	DATE PILLS RETURNED

NAME OF MEDICATION	EXPIRATION DATE

DATE MEDICATION BEGINS	DATE MEDICATION ENDS	DOSAGE	TIME(S)/INTERVALS TO BE GIVEN

POSSIBLE SIDE EFFECTS

SPECIAL INSTRUCTIONS (E.G., TAKE WITH/WITHOUT FOOD, FOODS TO AVOID, ETC.)

PRESCRIBING PHYSICIAN

FULL NAME	PHONE

AUTHORIZATION

I AUTHORIZE THE YMCA CHILD CARE STAFF TO GIVE MY CHILD THE ABOVE MEDICATION. PARENT/GUARDIAN WILL PICK UP ANY MEDICATIONS (MEDICATIONS WILL NOT BE GIVEN TO CHILD OR SIBLING TO TAKE HOME). ANY MEDICATIONS LEFT AT THE DAY CAMP SITE LONGER THAN 14 DAYS AFTER THE LAST DAY OF CAMP WILL BE DISPOSED OF.

PARENT/GUARDIAN NAME (PRINTED)	RELATIONSHIP TO CHILD

PARENT/GUARDIAN SIGNATURE	DATE

FOR YMCA DAY CAMP STAFF ONLY

MEDICATION TRACKING

DOSAGE	TIME	DATE	STAFF NAME