

CAMP SPEERS YMCA AUTHORIZATION FOR MEDICATION

FOR THE PHYSICIAN:

_____ must receive medication prescribed by me for
Camper's Name _____

the following condition(s) _____

This medication must be given during camp in order to maintain sufficient health and participation in the camp program.

Medication	Dose	Time of Day

Signature of Physician

Print Name of Physician

For the Parent or Guardian:

I give permission for the staff of Camp Speers YMCA to administer the above medication to my son/daughter _____ as prescribed by the physician.

- ❖ I agree to deliver the medication to the camp in a labeled prescription bottle. The label shall contain the name of the medication, the prescribed dosage, the physician's name and the pharmacy.
- ❖ I further agree to deliver a new supply of medications to the camp as needed.
- ❖ I agree to deliver 3 extra doses of the medication.
- ❖ I authorize Camp Speers YMCA to exchange health-related information with the above-named Physician.
- ❖ I understand that a new medication authorization must be completed by the parent and physician if the dosage is changed at any time.

Signature of Parent(s) or Guardian(s)

Date