

Medication Administration for YMCA Camp Jackson



The parent/guardian of _____ ask that YMCA Camp Jackson staff
(Child's name)
administer the listed medications according to the Health Care Provider's signed instructions on the lower part of this form. YMCA Camp Jackson agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardian's responsibility to furnish the medication. The parent agrees to pick up expired or unused medication at the end of camper session. Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, and date medicine is to be stopped and licensed health care provider's name. Over the counter medication must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container. By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

Parent/Legal Guardian's Name

Parent/Legal Guardian Signature

Date

Work Phone

Home Phone

Health Care Provider Authorization to Administer Medication at YMCA Camp Jackson

Child's Name: _____

Birthdate: _____

Medication: _____

Dosage: _____

Route: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

Side effects that need to be reported: _____

Starting Date: _____ Ending Date: _____

Signature of Health Care Provider with Prescriptive Authority

License Number

Phone Number

Date