

## YMCA of San Diego County Permission to Administer Medication

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Camp enrolled in \_\_\_\_\_

Name of Medication \_\_\_\_\_

Child's Physician Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Does medication need to be refrigerated?    \_\_\_ Yes    \_\_\_ No

Medication must be in original container with the prescription label still intact. This medication will be dispensed by camp personnel only. We can only dispense medication as is described on the label in writing from the child's physician.

AMOUNT	TIME OF DAY	NUMBER OF DAYS

This agreement must be signed before YMCA staff can dispense any medication.

Parent/Guardian's consent for YMCA staff to administer medication:

I give permission for the YMCA to administer the above medication to my son/daughter.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
YMCA Day Camp Unit Leader Signature

\_\_\_\_\_  
Date

Time given:	Date:	Given by: Staff Signature

HW3; HW7; HW 19

\* This form must be kept on file for at least 7 years