



YMCA Camp Twin Lakes Camp Medication Dispensing Form

This section to be completed by PARENT or GUARDIAN
Please USE SEPARATE FORM FOR EACH CHILD

Child's Name: _____ Age: _____
 Address: _____ City: _____ Zip: _____
 Camp Session Number: _____ Dates: _____

Because the above named child requires medication during camp hours. I request that authorized YMCA personnel be permitted to give this medication as directed below. I will provide the medication in an original pharmaceutically filled container whose label will clearly indicate the physician's instructions for administration and physician's name.

_____ / _____ to be given _____ from _____ to _____
 Medication Name Dosage Time of Day Date Date

Directions for administration: _____

Possible side effects: _____

_____/_____/_____
 Signature of Parent/Legal Guardian Date Phone

 Parents Name (Printed)

_____/_____/_____
 Signature of Physician Date Phone
(Required if medication is for more than 10 days)

Staff Dispensing Record

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time					
Dosage					
Initial					
Time					
Dosage					
Initial					
Time					
Dosage					
Initial					