



Rancho Family YMCA Summer Camp 2016 Medication Release

FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Last Name _____

Name of Child _____ DOB _____ AGE _____

Camp(s) Enrolled In _____

Name of Medication _____

Child's Physician's Name _____

Physician's Phone Number _____

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. If your child has medical concerns our staff should be aware of, please complete a Medical Information Form and contact our Camp Director prior to camp.

AMOUNT

TIME(S) OF DAY

DAY(S) OF WEEK

First Name _____

This agreement must be signed before YMCA staff can dispense any medication.
Parent/Legal 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/Legal Guardian Signature

Date

Parent/ Legal Guardian Printed Name

YMCA Day Camp Director, Coordinator, Registrar
or Unit Leader Signature

Date

Time Given:

Date:

Given By: Staff Signature

Time Given:	Date:	Given By: Staff Signature

Internal Use: A copy of this form has been provided to the Camp Director.

Registrar Signature

Date

