



Authorization for the Administration of Medication by Camp Personnel

Licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications. Parents/guardians requesting medication administration to their child from camp staff shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication will be destroyed if not picked up within one week following the camper's departure at the end of camp. **Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):**

Name of Child _____ Date of Birth ____/____/____ Today's Date ____/____/____

Medication Name _____ Controlled Drug? YES NO
Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: Start Date ____/____/____ Stop Date ____/____/____

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug: Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above.

Name of Camp _____ Today's Date ____/____/____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ Town _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/Position _____ **Signature (in ink)** _____



**Parent/Guardian Authorization for the Administration of
Non-Prescription Topical Medications by Child Care Center Personnel**

To YMCA Day Camps Staff:

I hereby request that the following non-prescription topical medication be administered to my child by a staff member of the Child Care Center. I understand that I must supply the center with the non-prescription topical medication in the original container labeled with the child's name, the name of the medication and the directions for the medication administration.

This authorization is limited to the following topical medications:

1. Non-prescription diaper changing ointments that are free of antibiotic or steroidal components
2. Non-prescription medicated powders
3. Non-prescription insect repellants
4. Non-prescription sunscreen protectants that are free from amino benzoic acid (PABA) or its derivatives

Name of Child: _____ Date of Birth: _____

Address: _____

Medication (Name of Medication, Method of Administration, Area of Application):

Time of Administration: _____

Medication to be administered from (date): _____ To (date): _____

Reason for which medication is being administered: _____

I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian: _____ Date: _____

Signature: _____

Relationship to Child: _____

Address: _____

Work Phone: _____ Home Phone: _____



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