

Permission to Administer Medication

Sherman Lake YMCA Outdoor Center

Complete this form and return to camp only if your child will be needing medication while at camp. You may mail this in prior to camp, or bring with you to registration.

Camper Name _____ Day Camp _____ Resident Camp _____ LDP _____

Please circle **ALL** weeks attending each program at Sherman Lake YMCA Camp:

Summer Day Camp: Session Number: 1 -2 -3 -4 -5 -6 -7 -8 -9 -10

Summer Resident Camp: Session Number: na -2 na -4 -5 -6 -7 -8 -9 -na

CIT _____ LDP 1st session _____ LDP 2nd session _____

Integrated Education Program: Dates: _____

MEDICATION: _____ Dose _____

Dates to be given: _____ or circle **ONLY AS NEEDED**

Circle time to give: **Day Camp:** Lunch (11:30-12:00) Flagpole (3:30-4:00)

Resident Camp: Breakfast* Lunch* Dinner* Bedtime

MEDICATION: _____ Dose _____

Dates to be given: _____ or circle **ONLY AS NEEDED**

Circle time to give: **Day Camp:** Lunch (11:30-12:00) Flagpole (3:30-4:00)

Resident Camp: Breakfast* Lunch* Dinner* Bedtime

MEDICATION: _____ Dose _____

Dates to be given: _____ or circle **ONLY AS NEEDED**

Circle time to give: **Day Camp:** Lunch (11:30-12:00) Flagpole (3:30-4:00)

Resident Camp: Breakfast* Lunch* Dinner* Bedtime

MEDICATION: _____ Dose _____

Dates to be given: _____ or circle **ONLY AS NEEDED**

Circle time to give: **Day Camp:** Lunch (11:30-12:00) Flagpole (3:30-4:00)

Resident Camp: Breakfast* Lunch* Dinner* Bedtime

Allergies to medications: (please list medication and reaction)

Medication must be brought in the original pharmacy container and should include only the medication needed while at camp. I understand that unused medications for Day Campers are not carried home by the camper. An unused medication must be picked up at camp. The parent/guardian(s) may pick them up at the Sherman Lake Administrative Office, M-F during business hours 8AM to 5PM. Resident Camper medications are returned to the parent/guardian at check-out. The Health Office does stock acetaminophen and ibuprofen in liquid, chewable and pill form.

Signed _____ Date: _____

Printed name _____

Telephone where you can be reached for questions regarding medications:

Name _____ Phone: Home _____

Cell _____ Work: _____

Name _____ Phone: Home _____

Cell _____ Work: _____

