Summer Day Camp Medical Permission Form

I hereby authorize the staff of the YMCA of Oakville to administer medication to my child as stated below:

Camper's Name: _____
Medication: _____
Dosage: _____
Time(s) to be given:_____
Dates given:_____
Other Instructions: _____
_____
_____
Allergies: _____
Reaction: _____

Camper will attend weeks (include camp name):
❑ _____001 ❑ _____002 ❑ _____003 ❑ _____004 ❑ _____005

❑ _____006 ❑ _____007 ❑ _____008 ❑ _____009

Medication must be kept in a child proof container with the camper. Medication must be prescription and must have a current date on the prescription label.

Please note that there are no refrigeration facilities at day camp. Parents, please take whatever precautions necessary to ensure proper conditions for the medication.

Parent Signature:_____ Date:_____

Date:	Time:	Given By:	Dosage:	Comments:

Date	Time	Given By	Dosage	Comments