



West Essex YMCA
Pioneer Trails Day Camp
Permission to Give Medication Form

(Please use one form per medication)

The following information is to be completed by the child's Health Care Provider

Child's name: _____ DOB _____ Wt. _____

Medication: _____ Allergies _____

Include food and/or medication allergies

Dosage _____ Route _____

Time of day medication is to be given: _____

Purpose of medication: _____

Special instructions: _____

Possible side effects: _____

Start date _____ End date _____

Health Care Provider: _____ Phone _____

PLEASE PRINT

Signature of Health Care Provider

Date

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The following is to be completed by the parent or legal guardian:

I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and precautions, from the Camp Director or the Camp Director Designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give an accurate dose of the medicine.

I authorize the Director or their Designee to contact the pharmacist or Health Care Provider for more information about this drug, if necessary. I also authorize the Director or their Designee to contact the health care provider regarding my child's health, if necessary.

I usually do the following to make giving medication to my child easier: _____

Amount of medication brought to Camp: _____

Signature of parent or legal guardian

Date

For YMCA Use:

Date and Amount of Medication Returned to Parents: _____

Signature of Director/ Designee _____ Signature of Parent _____