



Sussex County Summer Y Camp
PERMISSION TO GIVE MEDICATION

(Please use one form per medication)

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

Camp: _____ Child's Name: _____

DOB _____ Wt. _____

Medication: _____

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

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 Health Care Director or the Camp Program Director. 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.

Amount of medication brought to YMCA: _____

Signature of parent or legal guardian

Date

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Date & amount of medication returned to Parent _____

Signature of Director/Director Designee

Signature of Parent/Legal Guardian