



# YMCA Camp Twin Lakes Camp Medication Dispensing Form

This section to be completed by PARENT or GUARDIAN  
Please USE SEPARATE FORM FOR EACH CHILD

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Camp Session Number: \_\_\_\_\_ Dates: \_\_\_\_\_

Because the above named child requires medication during camp hours. I request that authorized YMCA personnel be permitted to give this medication as directed below. I will provide the medication in an original pharmaceutically filled container whose label will clearly indicate the physician's instructions for administration and physician's name.

\_\_\_\_\_ / \_\_\_\_\_ to be given \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 Medication Name                      Dosage                      Time of Day                      Date                      Date

Directions for administration: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Signature of Parent/Legal Guardian                      Date                      Phone

\_\_\_\_\_   
 Parents Name (Printed)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Signature of Physician                      Date                      Phone  
*(Required if medication is for more than 10 days)*

## Staff Dispensing Record

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Date</b>					
Time					
Dosage					
Initial					
Time					
Dosage					
Initial					
Time					
Dosage					
Initial					

Received by: \_\_\_\_\_ Returned Date: \_\_\_\_\_