



**YMCA Camping Services  
Request for Dispensing Medication Form**

**This section to be completed by PARENT/GUARDIAN**

Please use a separate form for each medication

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ Camp Session/s: \_\_\_\_\_

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                      Telephone

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

**Information below to be completed by CAMP STAFF**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Date</b>							
Time	/	/	/	/	/	/	/
Dosage	/	/	/	/	/	/	/
Signature							
Time	/	/	/	/	/	/	/
Dosage	/	/	/	/	/	/	/
Signature							
Time	/	/	/	/	/	/	/
Dosage	/	/	/	/	/	/	/
Signature							