

Medication Permission Form*Please bring this form to camp with your child.*

YMCA Camp Cormorant

Child's Name _____ Camp session: _____

Child's Address _____

Parents: Please list all medication that will be sent to camp with your child. All medication will be collected by the YMCA Camp Health Officer and will be kept in the camp Health Office. A doctor's signature is not required for prescription medication if the medication is sent in the original packaging with all information clearly displayed. We will not administer any shots (this doesn't include an epinpen).

Please list medications separately:

Medication: _____ Rx #: _____ Reason for taking: _____

Instructions for use: _____ Dosage: _____

Time/Frequency: _____ Number of Days: _____

Possible side effects, if any: _____

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Instructions for use: _____ Dosage: _____

Time/Frequency: _____ Number of Days: _____

Possible side effects, if any: _____

Physician's Signature (if required): _____ Date: _____

Address: _____ Phone: _____

The following is a list of non-prescription medications and ointments. Please check those items which you OK the YMCA Camp Cormorant Officer to administer to your child:

- | | | |
|--|---|---|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Tylenol Extra Strength | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Robitussin | <input type="checkbox"/> Rubbing Alcohol |
| <input type="checkbox"/> Antacids | <input type="checkbox"/> Midol | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> Calamine/Caladryl | <input type="checkbox"/> Antibiotic Ointment | <input type="checkbox"/> Chloraseptic |
| <input type="checkbox"/> Ben Gay | <input type="checkbox"/> Iodine/Hydrogen Peroxide | <input type="checkbox"/> Kaopectate |
| <input type="checkbox"/> Bactine | <input type="checkbox"/> Sudafed | <input type="checkbox"/> Insect Repellent |
| <input type="checkbox"/> Tampons/Feminine Pads | <input type="checkbox"/> Benadryl | <input type="checkbox"/> Other: |

Parent/Guardian Signature: _____ Date: _____