



YMCA OF LONG ISLAND SUMMER DAY CAMP

WRITTEN MEDICATION CONSENT FORM

**Please
attach a
Photo of
Child
Receiving
Medication**

Child's First and Last Name:	
Date of Birth	Any Known Allergies:

Authorized prescriber to complete and sign:

Licensed Authorized Prescriber's Name:		Licensed Authorized Prescriber's Telephone Number:	
Name of Medication (including strength if applicable):	Amount/Dosage to be Given:	Route of Administration:	
Date to be Discontinued or Length of Time in Days to be Given:	Time(s) to be Given:	Refrigeration Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Taking Medication (unless confidential by law):			
Possible Side Effects:		What action to Take if Side Effects are Noted:	
Special Instructions: (include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies, or any pre-existing conditions. Also describe situations when medication should not be administered)			
For PRN medication only: Identify the symptoms that will necessitate administration of medication:			
Describe any additional training, procedures or competencies the camp staff will need to care for this child.			

MEDICATION CONSENT/AUTHORIZATION:

I, _____ request that my son/daughter _____ enrolled in the YMCA of
(Parent or Guardian's Name) (Child's Name)
 Long Island Summer Camp, self-administer the medication listed above under the supervision of the Camp Nurse/ EMT/ Director.

I understand that the medication is brought in its original prescription bottle or manufacturer's bottle with the child's name, the name of the medication and the dosage instructions. I understand that my son/daughter, and only my son/daughter will self-administer the medication as per his/her physician's orders.

REQUIRED SIGNATURES:

Licensed Authorized Prescriber's Name (Please Print)	Licensed Authorized Prescriber's Signature	Date
Parent or Legal Guardian's Name (Please Print)	Parent or Legal Guardian's Signature	Date