

Permission to Administer Medication at Camp



If your child will be taking medication at camp, please fill out the bottom portion of this sheet and return it to YMCA Camp Lincoln, PO Box 729, Kingston, NH 03848.
Fax: 603-642-4640

Please Note:

- ❖ All medications must be in the original containers with the camper's name on the label.
- ❖ The correct dosage must be on the prescription label, or provided in writing by prescribing doctor.
- ❖ Medications must be handed to a staff member on the bus or at Camp. Please do not send them in with a camper.
- ❖ Campers may carry inhalers and Epi-Pens while at camp, however camp medical personnel must be made aware that your child is carrying them. All other medications will be stored in the health center.
- ❖ At the end of the camp session, medications must be picked up from a staff member on the bus or at camp. They will not be sent home with a camper.
- ❖ Please check the expiration date on all medications before sending them to Camp.

Authorization Form

Camper Name: _____ Date of Birth: _____

Medication and Dosage: _____

Physician's Name: _____

Pharmacy: _____ Prescription Number: _____

Medication and Dosage: _____

Physician's Name: _____

Pharmacy: _____ Prescription Number: _____

I/We, parent/guardian of the above named camper, authorize the camp to administrator of YMCA Camp Lincoln to direct members of the camp staff to assist my child in taking medications and agree that I/we will hold harmless any member of the camp staff or an individual of official capacity who is directed by me and the camp administrator to assist my child in taking his or her medication.

Signature of Parent/Guardian: _____ **Date:** _____