

Permission to Administer Medications

Please fill this out if you need /want your child to take medication while at camp.

Camper's Name: _____

1. Permission to administer prescription medications

I hereby give my permission to the medical staff of the YWCA summer camp to administer the following prescription medication to my child.

Name of Medication

This medication must be administered according to the Doctor's orders and instructions. **When camp begins, I will send in a copy of the prescription and / or the Doctor's orders and the medication in the original container with the prescription label on it.**

2. Permission to administer non-prescription / over the counter medications - **Optional**

DRUG NAME	DOSAGE	SCHEDULE AND INDICATIONS	Permission	Comments
Acetaminophen	Per label instructions by age/weight	Q4 hr prn for pain, fever, sore throat, earache, muscle strain or ache, toothache	Yes No	
Ibuprofen	Per label instructions by age/weight	Q4 hr prn for pain, fever, sore throat, earache, muscle strain or ache, toothache	Yes No	
Mylanta	Per label instructions by age/weight	Nausea, upset stomach	Yes No	
Milk of Magnesia	Per label instructions by age/weight	Constipation	Yes No	
Benadryl	Per label instructions by age/weight	Mild allergic reactions	Yes No	
Aloe Vera Gel	Per label instructions	Mild sunburn	Yes No	
Caladryl	Per label instructions by age/weight	Poison ivy	Yes No	
Visine	Per label instructions by age/weight	Irritated Eyes	Yes No	
Swim Ear	Per label instructions by age/weight	Minor earache	Yes No	

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

Health Care Provider Signature: _____

****I understand a Doctor must sign and stamp this form**.**

Place Dr's stamp here

Please email this form to:
campregistration@ywcannj.org