



PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD

*NOTE: IL State Law requires the YMCA to collect immunization records from each Summer Camper.

Request For Medication To Be Administered At Summer Camp

TO BE COMPLETED BY PHYSICIAN

Name of Child: _____ Date of Birth: _____

Name of Medication: _____

Time of Medication Administration: _____ Discontinue Date: _____

Intended Effect of Medication: _____

Possible Side Effects of Medication: _____

Physician Name (Please Print): _____

Office Phone Number: _____ Date: _____

Physician Signature: _____

Emergency Phone Number (To Reach Physician): _____

Campers are not allowed to carry on their person prescriptions or over the counter medications at any time with the exception of inhalers, glucose tablets and epi pens.

PARENTS MUST BRING ALL MEDICATION TO CAMP.

PARENTS MUST DELIVER AND CHECK IN ALL MEDICINE WITH THE CAMP DIRECTOR OR ADMINISTRATIVE STAFF.

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I confirm that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the YMCA staff, employees or agents, in my behalf and stead, to administer or to attempt to administer (or allow my child to self administer, while under YMCA staff supervision), lawfully prescribed medications in the manner prescribed above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than the camp nurse or administrative staff, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administrated or attempted to be administered, I waive any claims I might have against the YMCA of Edwardsville, its employees and agents, either jointly or separately, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said mediation.

Parent(s)/Guardian(s) Name(Please Print): _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

PLEASE DO NOT SEND ANY PRESCRIPTIONS OR OVER THE COUNTER MEDICINES WITH YOUR CHILD.

PARENTS MUST DELIVER AND CHECK IN ALL MEDICINE WITH THE CAMP DIRECTOR OR ADMINISTRATIVE STAFF.

NO MEDICATION, EITHER PRESCRIPTION OR OVER THE COUNTER, MAY BE BROUGHT TO CAMP OR TRANSPORTED BY A CAMPER.

Inhalers, glucose tablets or Epi Pens require a prescription and must be checked in with the Camp Director or Administrative Staff, even though the camper may carry them.

If a student is found in possession of a prescription or over the counter medication, the student will meet with the Camp Director and a phone call will be made to the camper's parent or guardian. Failure to follow and abide by these guidelines could result in the dismissal of the camper from the YMCA Day Camp.

SHOULD THE NEED FOR PRESCRIPTION OR OVER THE COUNTER MEDICATION ARISE, THE FOLLOWING IS REQUIRED:

1. Contact the Camp Director or Administrative Staff
2. Obtain this form
3. Physician and Parent/Guardian should complete page 1 of this form
4. Medication should be in its original container with proper label.

It is the parent/guardian's responsibility to properly inform the YMCA Summer Camp Director or Administrative Staff and assure that the licensed prescriber's order, written signed request, and properly labeled container (by physician or pharmacy) of medication are brought to camp by the parent or responsible adult. Again, Medications must be brought to camp in the original bottle.

When possible, the parent should administer the AM dose of the medication prior to sending your child to camp.

The medication will be stored in a locked space. All campers requiring inhalers must give the prescription order to the Camp Director or a member of the Administrative Staff. The camper may carry the inhaler on his/her person. In the event of a field trip, the Camp Director or Administrative Staff members will instruct staff in the group or grade level of the medication and/or medical treatment.