



# YMCA CAMP COLLINS

## Medication Authorization Form

**This form is only required if the participant will be taking medication during their time at camp**

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Unit/Week \_\_\_\_\_ Cabin \_\_\_\_\_

### IMPORTANT

Prescription Medications administered while at camp require appropriate written authorization from a licensed healthcare provider, this should be in the form of the original prescription bottle.

### PLEASE NOTE THE FOLLOWING

1. All medications must appear EXACTLY as written on the original medication container. Any discrepancy may result in long delays at drop-off/check-in.
2. All medications MUST be brought to camp in their original container.
3. All medications must be current, any which are past their expiration date will not be accepted.
4. The original container MUST identify (in English) the name of the medication, concentration, dosage and frequency of administration.
5. Provide enough of each medication to last the entire time the camper will be at camp.

### PARENT/GUARDIAN AUTHORIZATION

I have carefully reviewed and understand the above requirements.

I give YMCA Camp Collins Staff permission to administer the medications listed below to:

\_\_\_\_\_  
Camper's Name

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### MEDICATIONS

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Dose \_\_\_\_\_ Times Given \_\_\_\_\_

Notes/Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Dose \_\_\_\_\_ Times Given \_\_\_\_\_

Notes/Special Instructions \_\_\_\_\_

\_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Dose \_\_\_\_\_ Times Given \_\_\_\_\_

Notes/Special Instructions \_\_\_\_\_

\_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Dose \_\_\_\_\_ Times Given \_\_\_\_\_

Notes/Special Instructions \_\_\_\_\_

\_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Dose \_\_\_\_\_ Times Given \_\_\_\_\_

Notes/Special Instructions \_\_\_\_\_

\_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Dose \_\_\_\_\_ Times Given \_\_\_\_\_

Notes/Special Instructions \_\_\_\_\_

\_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_

Dose \_\_\_\_\_ Times Given \_\_\_\_\_

Notes/Special Instructions \_\_\_\_\_

\_\_\_\_\_