



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

YMCA Camp Duncan  
**MEDICATION DISTRIBUTION PERMISSION FORM**  
**SUMMER 2016**

**Note: All Campers must have this form on file.**

Name of Child \_\_\_\_\_

I give the Day Camp Director permission to administer medications according to the standing orders.  
Ex: Children's Tylenol if a child has a fever or Benadryl if a child has an allergic reaction to a bug bite.

The Day Camp Director will contact parents if medication is administered. All health forms will be referenced for allergies before a medication is administered.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**REQUEST TO DISPENSE MEDICATION**

**Prescription medication must be brought in the ORIGINAL CONTAINER, clearly labeled.**

Medication to be administered: \_\_\_\_\_

Dosage: \_\_\_\_\_

Times to be administered: \_\_\_\_\_

Dates to be given: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Does the medicine need to be refrigerated? \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_