



ATTLEBORO NORTON YMCA

CAMP MEDICATION RELEASE

Form should be completed if your child will be taking medication while at camp.
This form to be completed by Parent / Legal Guardian.

Camper Information

First Name: _____ MI: _____

Last Name: _____

Medication Information

Name of licensed prescriber: _____

Phone: (business): _____

Medication:	Doses (at Camp):	Date Ordered:
Method of Administration:	Frequency:	Duration:
Quantity (at Camp):	Expiration Date:	Special Storage Instructions:

Medication Instructions

Special Instructions (e.g. on empty stomach, with water, etc.):	Specific Precautions:	Side Effects/Adverse Reactions:
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Other Medications: _____

I hereby authorize the Attleboro YMCA Day Camps to administer to my child, _____,
the Medication(s) listed, in accordance with 105 CMR 430.160.

105 CMR 430.000

105 CMR 430.160 (A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over-the-counter medications for campers shall be kept in the original containers containing the original label, which shall include directions for use.

Medication shall only be administered by the health care supervisor or by a licensed health care professional authorized to administer prescription medications.

Parent / Guardian (print): _____

Parent / Guardian Signature: _____ Date: _____