YMCA Day Camp Medication Dispensing Form

Type of Medication: Daily Emergency (circle one)

Name of Child:			
Purpose of Medication:			
Medication Name:		Expiry Date:	
Date Prescribed			
Time of last dose:			
Times to Administer Daily Medication:			
When to Administer Emergency Medication:			
Dosage:			

The label from the pharmacy must be attached to the medication.

Medication Location: To be kept at Camp Sent Home Daily (circle one)

Medication Storage: Refrigerate (this option is only available for camps taking place at the 100 Wright Crescent location)
Room Temperature (circle one)

Are there Side Effects to the medication?: Yes No (circle one)
If Yes please describe or attach pharmacists details:

_____

_____

_____

I hereby give my permission for the YMCA Day Camp Staff to administer the above medication to my child at the times specified.

Parent Name: _____

Signature: _____ Date: _____

- **If the child carries their own Medication (eg. Puffer) a note from a legally qualified medical practitioner or a nurse registered under the Health Disciplines Act should indicate that the child may carry and administer their own Puffer medication. A copy of the doctor's note will be kept on file.**
- **Each medication requires a separate medication form (eg. 2 Puffers require 2 forms).**

YMCA Day Camp Medication Dispensing Tracking Form

Child's Name: _____

Dispensing Record

Please record "Absent" under the "Date" column, and initial under the "Staff Initials" column, if a child is absent during the period that medication must be administered.

Time of Dosage	Date	Dosage Administered	Staff Initials

☐ Medication completed, and returned to parent/guardian

Staff Signature: _____ Date: _____