





West Essex YMCA  
YMCA/AILIV  
Indian Cultural Camp  
Permission to Give Medication Form

(Please use one form per medication)

**The following information is to be completed by the child's Health Care Provider**

Child's name: \_\_\_\_\_ DOB \_\_\_\_\_ Wt. \_\_\_\_\_

Medication: \_\_\_\_\_ Allergies \_\_\_\_\_

*Include food and/or medication allergies*

Dosage \_\_\_\_\_ Route \_\_\_\_\_

Time of day medication is to be given: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone \_\_\_\_\_

*PLEASE PRINT*

\_\_\_\_\_  
*Signature of Health Care Provider*

\_\_\_\_\_  
*Date*

**The following is to be completed by the parent or legal guardian:**

I hereby give permission for my child, \_\_\_\_\_, to receive the above medication, according to the listed directions and precautions, from the Camp Director or the Camp Director Designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give an accurate dose of the medicine.

**I authorize the Director or their Designee to contact the pharmacist or Health Care Provider for more information about this drug, if necessary. I also authorize the Director or their Designee to contact the health care provider regarding my child's health, if necessary.**

I usually do the following to make giving medication to my child easier: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Amount of medication brought to Camp: \_\_\_\_\_

\_\_\_\_\_  
*Signature of parent or legal guardian*

\_\_\_\_\_  
*Date*

**For YMCA Use:**

Date and Amount of Medication Returned to Parents: \_\_\_\_\_

Signature of Director/ Designee \_\_\_\_\_ Signature of Parent \_\_\_\_\_