



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### Mon Valley YMCA Day Camp Medication Release form/Log

Child's Name: \_\_\_\_\_ Medication: \_\_\_\_\_

Prescription   
  Non-Prescription   
 Refrigeration Required:  YES     NO

Prescribing Physical's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Time to Administer: \_\_\_\_\_ Times Per Day

Dates for Administration: From: \_\_\_\_\_ To: \_\_\_\_\_  
date date

Special Instructions, Symptoms to watch for etc:

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

**I give permission to administer medication to my child as stated above.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF COMPLETE THIS PORTION**

Date Administered	Time Administered	Amount of medication Given	Staff Initials