

MEDICATION AUTHORIZATION FORM AND ADMINISTRATION RECORD

IMPORTANT Please note, any discrepancy from the following may result in long delays or medication not being accepted at drop-off/check-in:

- All medication is to be brought with the ORIGINAL container.
- Medication must be current, not expired.
- Provide enough of each medication to last the entire time that the camper will be at camp.

I give YMCA Camp Collins Staff permission to administer the medications listed below to:

Camper Name: _____

Parent/Guardian (print name) _____

Parent/Guardian (signature) _____

DATE: _____

SESSION/WEEK (leave blank for check-in): _____

CABIN (leave blank for check-in): _____

Note: If 1 medication is taken multiple times a day, please fill out a new medication slot for each time. Use as many forms as you need.

MEDICATION NAME: _____

DOSAGE & STRENGTH: _____

TIME: (Circle estimated time) **Breakfast** (7:30am-8:30am) **Lunch** (12pm-1pm) **dinner** (5:30-6:30) **Other:** _____

NOTES/SPECIAL INSTRUCTIONS: _____

Leave table blank for health officer use*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

Note: If 1 medication is taken multiple times a day, please fill out a new medication slot for each time. Use as many forms as you need.

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