



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Camp YMCA OF BRISTOL

Permission to Administer Medication

Camper's Name _____ Age _____

Name of medication _____

Prescribed by _____ Phone _____

Directions of administration of dosage _____

Times to be administered _____

Visible side effects to watch for _____

Proper care of medication Refrigerate Room Temperature Other _____

I hereby give permission to a staff member of the YMCA Camp to administer the medication described above beginning today and ending _____.

Parent/Guardian Signature _____ Date _____



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