



**SUMMER  
DAY  
CAMP**

**YMCA OF MEWSA  
2025 SUMMER CAMP  
MEDICATION TREATMENT &  
AUTHORIZATION FORM**

**PLEASE NOTE: EVEN IF YOUR CHILD DOES NOT NEED TO BE ADMINISTERED MEDICATION, PLEASE SIGN BELOW THAT YOU HAVE READ AND RECEIVED THIS INFORMATION. THANK YOU!**

Medication/Treatment Authorization

State licensing requirements permit day camp facilities to administer medications under the following guidelines:

1. All medications shall be administered only on the written approval of a parent/guardian.
2. Prescription medications shall be administered only as directed on the label or as otherwise authorized by a physician.
3. Prescription medications shall be administered only as directed on the label or as otherwise authorized by a physician. **Over the counter medications will be administered only with a medical doctor's written orders.**

Please provide the following information:

Child's Name:

\_\_\_\_\_

Medical Problem(s):

\_\_\_\_\_

Is the problem chronic or ongoing?    YES    NO

Name of Medication: \_\_\_\_\_ Amount: \_\_\_\_\_

Method of Administration:

\_\_\_\_\_

**IF YOUR CHILD DOES NOT REQUIRE MEDICATION, PLEASE READ AND SIGN BELOW**

I hereby acknowledge that my child DOES NOT need to be administered any medications at this time.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_