

## Parent Information about Medication Procedures

1. Medications should be taken at home whenever possible. Any medication taken in a YMCA Child Care Program must have a parent or guardian-signed authorization; some medications also require physician's orders. Medication must be turned in at the YMCA Summer Camp Program check-in prior to the start of the day. **The parent or guardian must transport medication to and from site.**
2. No medication will be accepted by YMCA Summer Camp Staff without receipt of completed and appropriate medication forms. Form must be updated yearly. The YMCA Summer Camp calendar runs from 9/1 to 8/30.
1. Include the following information written in lay language with no abbreviations:
  - Name of student
  - Date of birth
  - Reason for medication or diagnosis
  - Name of medication
  - Exact dosage to be taken, (e.g. milligrams per tablet, milligrams per ml/cc) as applicable
  - Time to take medication to be administered and frequency or exact time interval dosage
  - Sequence in which the medications should be taken in cases where more than one medication is prescribed
  - If medication is given on an as needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again. ("repeat as necessary" is unacceptable.)
  - Duration of medication order or effective dates
  - Physician's signature
  - Date
2. All prescription medications, including physician's prescription drug samples, must be in their original containers and labeled by a physician or pharmacist. An over-the-counter medication must be in the original container with the name of the medication visible. The parent or guardian must label the original container with the following:
  - Name of camper
  - Exact dosage to be taken in school (e.g. milligram tablet, milligrams per ml/cc)
  - Frequency or time interval dosage is to be administered
3. The first dose of any medication must be given at home.
4. The parent or guardian is responsible for submitting a new form to the YMCA Summer Camp at the time of registration.
5. Medication will be stored in a locked area accessible only to authorized personnel.
6. Within one week after expiration of the effective date on the physician order, or on the last day of the program, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.
7. Medication can be given no more than one half hour before or after the prescribed time.
8. The Piedmont Family YMCA Summer Camp programs do not assume responsibility for authorized medication taken independently by the camper.
9. In no case may any YMCA Summer Camp staff or member administer any medication outside the framework of the procedures outlined here.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Prescription & Non-Prescription Medication Authorization

## Release and Indemnification Agreement

<b>Part I: Parent or Guardian to Complete</b>			
I hereby request YMCA Summer Camp staff to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless YMCA and any of their staff members, or directors from lawsuits, claims, expenses, demands, or actions, etc. against them for helping this student use medication, provided YMCA Summer Camp staff members comply with the physician, parent or guardian orders set forth in accordance with the provision of Part II below. I have read the procedures outlined on the back of this form and assure responsibility as required.			
Has the camper taken this medication before? <input type="checkbox"/> Yes <input type="checkbox"/> No, the 1st full dose must be given at home to ensure that the child doesn't have a negative reaction. Date 1st full dose was given: _____ Time: _____			
Camper Name (Last, First, Middle)			
Date of Birth	Age	School Attending	Grade Entering Fall 2019
No YMCA staff shall administer medication or treatment, unless the Camp Director or his or her designee has personally reviewed all the required clearances.  _____			
Parent or Guardian Signature		Phone Number	Date
<b>Part II: Parent or guardian to complete and sign for over-the-counter medications for relief of symptoms for headache, muscle ache, orthodontic pain, or menstrual cramps and for antibiotics and antiviral medication. Physicians must complete and sign for all other medications.</b>			
The YMCA discourages the use of medication by camper participants in the program/camp during the day. Any necessary medication that possibly can be taken before or after the program/camp should be so prescribed. Inject able medications are not administered in the program/camp except in specific emergency situations. YMCA staff will, when it is absolutely necessary, administer medication during the program and while participating in programs, camps, or field trips and situations according to the procedures outlined on the back of this form. Information should be written in lay language with no abbreviations.			
Diagnosis			
Medications			
If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.			
Dosage to be given at the YMCA Summer Camp Program (e.g. mg, ml, or cc)		Time(s) or interval between times to be given	
Effective date for camper taking medication	If the camper is taking more than one medication, list sequence in which medications are to be taken		
Please list any adverse reactions/side effects.			
Physician's Name (Print)	Physician's Signature	Phone Number	Date
Parent or Guardian Name (Print)	Parent or Guardian Signature	Phone Number	Date
<b>Part III: Camp Director to Complete</b>			
Check box as appropriate:			
<input type="checkbox"/> Parts I & II above are complete, including signature.			
<input type="checkbox"/> Medication is appropriately labeled. Date by which any unused medication is to be collected by the parent. _____ (Within one week after expiration of the physician order or on the last day of camp.)			
Camp Director Signature		Date	

**Please read information & procedures on reverse side**