

**YMCA of McHenry County – Camping Services
Consent to Distribute Medication**

Only complete if medications will be taken during camp hours

Please check which camp you will be attending: YMCA – Crystal Lake Triple R Day Camp Both

This form must be completed in order for medication to be distributed at camp
For Prescription and Non- Prescription medications please complete sections 1,2 & 3. For Inhalers
please complete sections 1,2,3,4 & 5. For Epinephrine injectors, i.e. Epi-pens, please complete
sections 1,2,3,6 & 7.

Part 1: Prescription & Non-Prescription Medication

Child's Name: _____ Date of Birth: _____

Please Check One:

- Authorization for an over the counter medication (three day limit without Doctor's authorization)
- Authorization for prescriptions

Part 2: Description of Medication/ Physician Authorization (To be completed by physician)

Medication: _____ Date of 1st Dosage: _____

Prescription #: _____ Dosage at Camp: _____

Date(s) and time(s) to administer: _____

Effective from _____

Side Effects: _____

Additional Instructions: _____

I hereby attest that the information in **Part 2** is accurate.

Print Physician's Name: _____ Phone: _____

Physician's Signature: _____ Date: _____

Part 3: Parent authorization to distribute prescription & non-prescription medication (required)

I hereby give the Day Camp Health Officer permission to distribute prescription and non-prescription medication according to specified guidelines. I understand that all medications must be in their original packaging and will be labeled with camper's name, type of medication, precautions, and frequency for its administration. I also understand that any non-prescription medications to be distributed over a period greater than three days require physician's authorization.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Part 4: Parent authorization for assistance in the administration of inhalers

In the event my child is unable to administer his/her inhaler, I hereby authorize Day Camp personnel to assist my child in administering the required dosage of medication as soon as the asthmatic attack begins. I agree to release, indemnify, and hold harmless, Day Camp personnel and the YMCA of McHenry County from lawsuits, claims, expenses, demands or actions against them for assisting the child with the inhaler provided Day Camp personnel are following the physician order as written below.

Parent Signature: _____ Date: _____

Part 5: Physician Authorization for Inhaler Use (Required)

Diagnosis: _____

Date of Order: _____ Medication Name: _____

Interval of Repeating Dosage: _____

Symptoms for which medication is ordered: _____

All inhalers will be stored in the group first aid kit unless a doctor authorizes the child to carry the inhaler on their person (see below).

Please Check One:

This individual has received adequate education on how and when to use an inhaler and **can** carry it on their person at camp.

This individual has not received adequate education on how and when to use an inhaler and **cannot** carry it on their person at camp.

Print Physician's Name: _____ Phone: _____

Physician's Signature: _____ Date: _____

Part 6: Parent authorization for assistance in the administration of Epi-pens

In the event my child is unable to administer his/her Epi-Pen, I hereby authorize Day Camp personnel to assist my child in administering the required dosage of medication (according to physician's guidelines listed below). I agree to release, indemnify, and hold harmless, the YMCA of McHenry County and its personnel from lawsuits, claims, expenses, demands or actions against them for assisting the child with the Epi-Pen provided Day Camp personnel are following the physician's order as written below.

Parent Signature: _____ Date: _____

Part 7: Physician Authorization for Epi-Pen Use

Please complete the following

Reason for Medication

_____ Stinging Insects

_____ Ingestion of _____

_____ Other (Please specify): _____

All Epi-pens will be stored in the group first aid kit unless a doctor authorizes the child to carry the Epi-pens on their person (see below).

Please Check One:

This individual has received adequate education on how and when to use an Epi-pen and **can** carry it on their person at camp.

This individual has not received adequate education on how and when to use an Epi-pen and **cannot** carry it on their person at camp.

Print Physician's Name: _____ Phone: _____

Physician's Signature: _____ Date: _____