

CAMPER MEDICATION FORM

THIS FORM REQUIRES A SIGNATURE FROM A LICENSED PHYSICIAN, EVEN IF THE MEDICATION YOU ARE BRINGING IS OTC.

All medications in pill form (even OTC) must be pre-packaged by a licensed pharmacy.

EMAIL COMPLETED FORM PRIOR TO ARRIVAL TO: FAIRVIEWLAKE@METROYMCA.ORG

Camp Arrival Date: _____ Age: _____ Today's Date: _____

Camp Location: (CIRCLE ONE): FAIRVIEW LAKE LAKE IN THE WOODS: Day or Overnight BMDC

Camper First Name: _____ Camper Last Name: _____

I authorize the health care staff of Fairview Lake YMCA Camps to supervise the administration of the following medication that I am sending to Fairview Lake YMCA Camps for the above-named camper.

Parent/Guardian Print Full Name: _____ Signature: _____

TO BE COMPLETED AND SIGNED BY PHYSICIAN:

Please complete with patient's current regimen for both **prescription and non-prescription, scheduled and PRN medications, including vitamins.** Any changes prior to camp **must be in writing and signed by physician.**

Medication Name	Route	Dosage	Schedule and Indications	Comments

Licensed Physician's Signature: _____ Lic. # _____

Address: _____ Phone # _____

Date of Completion: _____ By: _____

STOP! Did you have your doctor sign in the above required box? Did PARENT/GUARDIAN sign this form?

PRE-PACKAGED MEDICATIONS INCLUDE VITAMINS, MELATONIN, ALLERGY PILLS, AND ACTUAL PRESCRIPTIONS.
Liquids, Epi-pens, Inhalers and Injections must be brought in original packaging.