NORTH PENN YMCA
SUMMER DAY CAMP
MEDICATION FORM

Child's name_____

Parent's/guardian's name_____

Medication_____Prescription number_____

Times of day medication is to be given_____a.m._____p.m._____

Method of giving dosage_____

Amount of each dosage_____

Date from_____to_____

Reason for medication_____

Person designated to administer medication_____

Parent/guardian_____Date_____

Physician_____Date_____

Date	Time	Staff Signature	Comments

Date	Time	Staff Signature	Comments