

YMCA of KINGSTON and ULSTER COUNTY
CAMP SEEWACKAMANO
507 Broadway Kingston, New York 12401

MEDICATION PERMISSION REQUEST FORM

In accordance with NYS law, this camp requires that all campers who need medication **during camp hours** must do the following: This form take place of # 1 and #2

Present a written consent form signed by the health care provider stating what medication is needed, the dosage, and when the medication is to be given.

Present written consent from parent for student to receive medication as prescribed by the health care provider.

Bring the medication in the original container, with pharmacy/ package label, to the health office personnel.

NAME OF CAMPER _____ DATE OF BIRTH _____

TO BE COMPLETED BY THE HEALTH PROVIDER

Name of Medication: _____

Dosage: _____

Specific times to be given: _____

Length of time: _____

Are there any restrictions? _____ YES _____ NO

If YES, What and How long? _____

Printed Name of Provider

Signature of Provider

Date

Address

TO BE COMPLETED BY PARENT / GUARDIAN

I, _____, give permission for my child to receive the above medication as directed.

Date

Parent/ Guardian Signature

Telephone