

CAMPER MEDICATION FORM
THIS FORM REQUIRES A SIGNATURE FROM A LICENSED PHYSICIAN.

Camper First Name: _____ Camper Last Name: _____

Camper's Date of Birth: _____

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 First Name: _____ Parent/Guardian Last Name: _____

Parent/Guardian Signature: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN:

Recommendations and Restrictions While at Camp

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. **All medications must be received in their original containers.**

Drug Name	Route	Dosage	Schedule and Indications	Comments

Licensed Physician's Signature: _____ License Number: _____
Address: _____ Phone: (____) _____
Date of Form Completion: _____ by: _____

STOP! Did you have your doctor sign in the above required box? Yes _____