

YMCA OF SOUTHERN NEVADA

4141 Meadows Lane, Las Vegas, NV 89107

MEDICATION FORM FOR SUMMER CAMP

_niia s	Name:				
Parent's	s/Guardian's N	ame:			
Medicat	tion:			Prescription number: a.m p.m	
Times o	of day medicati	on is to be given:		a.m p	.m
Method	of giving dosa	ue.			
Amoun	t of each dosag	je:			
Date: f	rom	to			
Reason	for medication	1:			
)	decienated to	- diniakau	tion.		
Person designated to administer medication: Parent/guardian signature:					Date
Physicia	ysician signature Date				
	Date	Time	Staff Signature		Comments
		1	1		