FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF SOUTHERN NEVADA
4141 Meadows Lane, Las Vegas, NV 89107

MEDICATION FORM FOR SUMMER CAMP

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 signature:_____ Date_____
Physician signature _____ Date_____

Date	Time	Staff Signature	Comments