



Dear Y.E.S. Camp Family,

To ensure proper administration of medication for every child, medications will be administered at the designated times of 11:30 p.m. and 3:30 p.m. daily. We ask that parents modify other dosages around this schedule. The Camp will call for all children authorized to receive medication at these designated times which will provide for more effective management of medication administration. It is much less likely that the administration of medication will be missed if we have specific times that we administer versus the multiplicity of dosage times for multiple children we currently serve. Please see the Health/Recreation Coordinator if your child has any special medical needs. PLEASE HAND PRESCRIPTION MEDICINES TO BE GIVEN YOUR CHILD TO THE GROUP LEADER. He/she will place it in the refrigerator or in the medicine cabinet and notify the Health/Recreation Coordinator.

AUTHORIZATION FOR MEDICATION

The following must be provided for dispensing: medication provided in its original bottle with prescription label, child's own medicine apparatus labeled with child's name and contained in a labeled Ziploc bag, correct dates, precise times and all blanks filled in.

Child's Full Name: _____ Date _____

Child's Condition for Administering Medication: ☐ cold ☐ sore throat ☐ injury ☐ rash
☐ immunizations ☐ ear infection ☐ other _____

Name of Medication or Prescription Number: _____

Refrigeration necessary ☐ Yes ☐ No Amount of Medication to be given: _____

Dates to be Given: Beginning _____ Ending _____

Time Medication is to be Given (circle one): 11:30 PM 3:30 PM

Special Instructions _____

I authorize the staff to administer medication to my child.

Parent's Signature X _____