



2022 YMCA of Greater Boston Camper Medication, EpiPen®, and Inhaler Administration

To be completed for any or all medications that will be brought to and administered at camp.

Please Read: Prescribed medications must include the pharmacy label with the Rx number, the name of the medication, dosage, directions for use, and the child or staff's name. Non-prescription medications must be in its original containers, clearly labeled with the child's or staff member's name and directions for use. All medications must be kept in the Health Center. **Please fully complete the following information regarding the appropriate times and dosages of each medication your child or staff will receive at the YMCA of Greater Boston (attach additional forms if needed).** Please sign at the bottom of the page.

Name of Medication:	
Dosage:	
Why is this medication taken?	
Days Taken: <input type="checkbox"/> Monday - Friday <input type="checkbox"/> As needed	Times Taken (please be specific) • _____ AM (circle one) PM • _____ AM (circle one) PM <input type="checkbox"/> As needed Other _____
Are there any additional notes or instructions for this medication?	
Location of medication at camp: <input type="checkbox"/> Health Center or designated secure storage <input type="checkbox"/> With camp counselor (only option for EpiPen® & inhalers)	

Name of Medication:	
Dosage:	
Why is this medication taken?	
Days Taken: <input type="checkbox"/> Monday - Friday <input type="checkbox"/> As needed	Times Taken (please be specific) • _____ AM (circle one) PM • _____ AM (circle one) PM <input type="checkbox"/> As needed Other _____
Are there any additional notes or instructions for this medication?	
Location of medication at camp: <input type="checkbox"/> Health Center or designated secure storage <input type="checkbox"/> With camp counselor (only option for EpiPen® & inhalers)	

I hereby give permission for the YMCA of Greater Boston to administer the above medications to my child or staff member under eighteen years of age during his or her camp attendance.

Parent/Guardian Signature _____

Date: _____