

eliminating racism
empowering women

ywca

white plains & central westchester

January 2017

Re: Administration of Medication at YWCA Summer Camps

Dear Parent or Guardian,

Every effort should be made to administer medications outside of the YWCA Summer Day Camp settings. However, the designated Camp staff may administer medications under guidance of our Health Director, when needed, to support a camper's participation in the daily activities while at the YWCA summer program. The nurse is on site from 8:30am – 4:00pm.

The following is required for the administration of medicine:

1. Written order from a licensed physician for both prescription and non-prescription medications to be given at camp.
2. Self-administration form, signed by parent and physician. This is required for campers participating on trips, including Travel Camp.
3. The parent/guardian must assume responsibility to have the medication delivered directly to the Health Office in a properly labeled original container. For "over-the-counter" (non-prescription) medicines, the original store container must be labeled with the student's name and must have an expiration date on the manufacturer's label.

We ask that you pick up your child's medication by the last day of camp; medications left at the completion of camp will be discarded.

Thank you.

**YWCA SUMMER DAY CAMP PROGRAMS
SELF-MEDICATION RELEASE FORM**

Date: _____

Name of Camper (*please print*): _____

Date of Birth: _____

Camp Program attending: _____

Diagnosis: _____

Health Condition/Indication for Self-Medication: _____

Medication: _____ Dosage: _____

Route: _____ Time: _____

Duration of Treatment: _____

Possible Side Effects and Adverse Reaction (if any): _____

Other Recommendations: _____

The above named camper has been instructed in the proper use of the following medication procedures:

We request that the above named camper be permitted to carry and use the medication on his/her person. We consider the camper to be responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use for this medication.

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Camper Signature: _____ Date: _____

No camper will be permitted to carry/self-medicate a U.S. Drug Enforcement Agency designated controlled substance.

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION IN SUMMER CAMP

Camp Program: _____ **Date:** _____

A. To be completed by parent or guardian:

I request that my child, _____, receive the medication as prescribed below by our licensed health care provider. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the Camp Health Director or designee will administer the medication.

Signature (Parent or Guardian)

Address:

Telephone: Home _____ Work _____ Cell _____

B. To be completed by the licensed health care prescriber

I request that my patient receive the following medication:

Camper's Name: _____ Date of Birth _____

Diagnosis: _____

Name of Medication: _____

Dosage: _____ Frequency: _____

Time Taken in Camp: _____

Possible Side Effects and Adverse Reaction (if any): _____

Prescriber's Signature: _____

Date: _____

Physician's Stamp (Name & Address):

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