

YMCA Camp Hi-Rock Medication Administration Release Form

Camper Name: _____ Date of Birth: _____ Age: _____

Height: _____ Weight: _____ Gender: Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

This form authorizes the YMCA Camp Hi-Rock medical personnel to administer prescription drugs to the above listed child. Please list any medications you would like administered to the above listed camper while staying at YMCA Camp Hi-Rock.

THE DOCTOR PRESCRIBING THE MEDICATION, ACCORDING TO THE COMMONWEALTH OF MASSACHUSETTS LAW, MUST SIGN THIS COMPLETED FORM.

Doctor's Name and Phone Number	Name of Medication	Dosage and Frequency	For Treatment of (ailment)	Child's Doctor's Signature

Signature of Parent/Guardian: _____ Date: _____

YMCA Camp Hi-Rock Physician Signature: _____ Date: _____