

YMCA Camp Hi-Rock Medication Administration Release Form

Camper Name: _____

Date of Birth: _____ Age: ____ Weight: _____ Gender: __ Male __ Female

YMCA Camp Hi-Rock medical staff have standing orders from our partner doctor's office authorizing them to administer the following over the counter medication as deemed necessary by Hi-Rock medical staff: Benadryl, Tylenol, Ibuprofen, Miralax, Nix Treatment, Chloraseptic Spray and lozenges, star optic for swimmer's ear and bacitracin, calamine and/or hydrocortisone cream. If your child has any allergies to these or other medications, please be sure to list them in the online Health History Form.

ALL OTHER OVER THE COUNTER AND/OR PRESCRIPTION MEDICATIONS MUST BE AUTHORIZED BY BOTH THE PARENT AND PRESCRIBING DOCTOR/ADVANCED PRACTITIONER IN ACCORDANCE WITH THE COMMONWEALTH OF MASSACHUSETTS LAW.

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

- **All medications must be brought to camp in the original container with prescription/dosing information. Medications will be kept in the camp infirmary and administered by Hi-Rock medical staff according to dosage and frequency information given below.**
- **Any medication brought to camp without this signed form will not be administered.**

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

Signature of Parent/Guardian: _____ **Date:** _____

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