

YMCA Camp Hi-Rock Medication Administration Release Form

Camper Name: _____

Date of Birth: _____ Age: _____ Weight: _____ Gender: _____

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 otic 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 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 | Prescribing Doctor's Signature |
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Signature of Parent/Guardian: _____ **Date:** _____

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