



FOR YOUTH DEVELOPMENT[®]
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

YMCA OF GREATER MONMOUTH COUNTY SUMMER CAMP
Medication Procedure & Permission Form
June 21 - August 27, 2021

Select camp location:
Freehold Family YMCA
Freehold Borough YMCA
Old Bridge Family YMCA
YMCA Camp Zehnder

Dear Parent / Guardian / Caretaker and Physician:

Any medication, including all over-the-counter medication, administered by personnel of YMCA of Greater Monmouth County must be accompanied by written orders from a physician. The medication must be in a labeled, prescription bottle with specific instructions. (Pharmacies will provide bottles for camp use.) At **NO** time is a camper to transport or have in his/her possession any prescription or over the counter medication.

Camper's Name: _____ Birth Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent Cell: _____

Physicians Authorization:

Medication: _____ Dose: _____
 Time or circumstance of administration at camp: _____
 Duration of administration: _____
 Reason for administration: _____
 Side effects to be aware of: _____
 Any additional instructions or follow-up: _____
 Physician's Signature & Stamp: _____ Date: _____

Parent / Guardian / Caretaker Permission:

Be advised that YMCA of Greater Monmouth County shall incur **NO** liability as a result of any injury arising from the administration of medication and that the parents/guardians shall indemnify and hold harmless YMCA of Greater Monmouth County and its employees or agents against any claims arising out of administration of this medication. I give permission to the health director to administer the above medication to my child.

Parent/Legal Guardian Signature: _____ Date: _____