



<b>AUTHORIZATION FOR ADMINISTRATION OF MEDICATION</b>
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Child's Name

I \_\_\_\_\_ do hereby authorize and instruct  
Parent's Name

the Hamilton Area YMCA to administer the following medication.

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Medication

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Dosage and Time(s)

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Date(s) this medication should be administered

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Signature of Parent

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Name and Phone Number of Physician

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Signature of Physician (signature not needed for non-prescription medication)

**\*\*\* Note \*\*\***

1. This form must be completed and presented to the Camp Director.
2. Medication must be in original container that indicates the name of the child, name of the physician, and dosage indicated.
3. The medication must be no more than one-year-old.
4. The Camp Director may not accept medication to be administered at his/her discretion.