

AUTHORIZATION TO ADMINISTER PRESCRIPTION AND NON PRESCRIPTION MEDICATION

Agency Name: YMCA of Greater Nashua Day Camp

Phone Number: _____

Child's Name: _____

Date of Birth: _____

PARENT'S AUTHORIZATION

I, _____ authorize camp staff personnel at the YMCA of Greater Nashua Day Camp to administer the following medication(s) to my child:

NAME OF MEDICATION	DOSAGE	TIME(S)	DATE(S)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

The above dosage is as directed on the original container; if the dosage is different, a note from the child's physician is necessary to authorize administration.

Special instructions for administration: _____