

AUTHORIZATION TO ADMINISTER MEDICATION

YMCA of Greater Nashua

Phone Number: 603-881-7778

Child's Name: _____

Date of Birth: _____

PARENT'S AUTHORIZATION

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

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

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 of medication: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

*****If not applicable to child please write child's name, sign and date the bottom and write "none" across the paper*****

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