



BRAINERD FAMILY YMCA

2018-2019 Kids Club Medical Permission Form

Camper Name _____

Camper Address _____

City _____ State _____ Zip _____

I have prescribed the following medication for this child and request that dosage falling during camp hours be administered by camp personnel. (Authorization is requested for nonprescription medications also.)

Medication _____ Condition for which prescribed _____

Possible side effects _____

Instructions for use _____ Dosage _____ Time _____

Frequency _____ How long (# of days) _____

Physician Signature _____ Date _____

Address _____

Phone _____

Pharmacy _____ Phone _____ RX# _____

I request that the above medication be given to my child as prescribed.

Parent/Guardian Signature _____ Date _____

BRAINERD STAFF – PLEASE INITIAL AND WRITE DOWN TIME WHEN MEDICATION IS DISPENSED

Monday	Tuesday	Wednesday	Thursday	Friday