



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CAMP REED MEDICATION & ALLERGY INFORMATION FORM

Participant's Name _____

Counselor _____ (Assigned at Camp)

Check session/group that applies:

Traditional Camp:	1	2	3	4	5	6	7	8
CIT Group:	1	2	3	4	5	6	7	
JC week(s):	1	2	3	4	5	6	7	8

- 1) List all medication names to be administered during your child's stay. Attach additional sheet if needed.
- 2) Place medication in the original prescription bottle, only enough for the length of camp. We administer medications at Breakfast, Lunch & Dinner (Bedtime only if necessary)
- 3) Do not refrain from sending medications if participant takes them at home.
- 4) Any remaining camp participant medications will be packed in the participants' bag for check out.
- 5) No medications of any type are allowed with participant or in the cabins.
- 6) Last dispensing of medications is Friday lunch.
- 7) Please list any critical allergies or things that Camp's Health Care Provider should know

Medication #1 _____

Dosage _____

Route: by mouth topical other: _____

Administered at: Breakfast Lunch Dinner Bedtime (only if necessary)

Medication #2 _____

Dosage _____

Route: by mouth topical other: _____

Administered at: Breakfast Lunch Dinner Bedtime (only if necessary)

Medication #3 _____

Dosage _____

Route: by mouth topical other: _____

Administered at: Breakfast Lunch Dinner Bedtime (only if necessary)

ALLERGIES: LIST ALL KNOWN (Medications, food, environmental, etc.) Attach a separate sheet if needed.

<u>Allergy</u>	<u>Check all that apply</u>	<u>Describe severity, typical reaction, and a preferred response</u>
_____	airborne / ingested / contact	_____
_____	airborne / ingested / contact	_____
_____	airborne / ingested / contact	_____

Parent / Guardian Signature _____

Date _____