

# Somerset Valley YMCA

## Medication Form

Camper's Full Name: \_\_\_\_\_

Parent's Full Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of medication: \_\_\_\_\_

Condition for which medication is being used:  
 \_\_\_\_\_  
 \_\_\_\_\_

Instructions for administration including dosage and frequency:

Dosage \_\_\_\_\_ Time \_\_\_\_\_

I understand that medications must be brought to camp in their original container and given to the Camp Director when my child arrives. I authorize the Somerset Valley YMCA to administer the above medication to my child while he/she attends the camp program.

\_\_\_\_\_  
 Signature of parent or legal guardian Date

Date	Time	Given by	Date	Time	Given by



2 Green Street  
 Somerville, NJ 08876  
 (908) 722-4567  
 Fax: (908) 722-0036

19 East Mountain Road  
 Hillsborough, NJ 08844  
 (908) 369-0490  
 Fax: (908) 369-1866

601 Garretson Road  
 Bridgewater, NJ 08807  
 (908) 526-0688  
 Fax: (908) 526-0906

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