

Somerset Valley YMCA
Partnering for a Healthy Community
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



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 Somerville, NJ 08876
 (908) 722-4567
 Fax: (908) 722-0036*

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

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