



**MEDICATION**  
**(to be dispensed at camp by camp staff)**

Estes Park Center  
YMCA of the Rockies  
Youth Programs

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Camp Week #: \_\_\_\_\_ Group: \_\_\_\_\_

For all PRESCRIPTION and NON-PRESCRIPTION medication, by law you must bring only the dose needed for the camp day in its original container, and complete this Medication Form so that it can be administered to your child. Please note: a doctor's signature is required for both prescription and non-prescription medications. **CAMPERS CANNOT MEDICATE THEMSELVES.** All medication must be turned in to the camp nurse, who will dispense medication to the child or to staff qualified to dispense medication. If this is not followed, your child may be prohibited from attending camp. In accordance with Colorado State Law, only staff who have been trained in Medication Administration are allowed to dispense medication. Epi-pens and inhalers are allowed to be carried with the camper.

**Medications (prescription and over-the-counter) to be administered during camp hours:**

**\*\*DOCTOR'S SIGNATURE REQUIRED\*\***

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Time of day medication is to be given: \_\_\_\_\_ How long child is on medication: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

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Purpose of medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_