

Camper Name: \_\_\_\_\_ Session(s) \_\_\_\_\_ Cabin Number or Program: \_\_\_\_\_

**ONLY TO BE FILLED OUT FOR CAMPERS REQUIRING DAILY MEDICATION DURING THEIR SESSION(S) AT CAMP.**

**We will not accept vitamins/supplements/herbal medication with out a physician's order.**

I hereby request YMCA Camp High Harbour, through the infirmary staff or designee, to supervise/assist with administering this medication to my child, according to the instructions contained in the statement below and in accordance with camp Medication Policy. I understand the following:

- Medications (both prescription and non-prescription) MUST include the original labeled container and must match the instructions below. (Or a copy of the prescription from the providing physician).
- The parent/legal guardian is responsible for assuring the camp receives specific instructions regarding medication usage, including the medication and related equipment.
- The parent/legal guardian is responsible for informing the camp of any changes with the medication. New medications or new doses WILL NOT be given until a new form is completed.
- All medication should be taken directly to the infirmary by the parent/guardian
- All unused or discontinued medication will be properly returned on closing day.
- Trained staff assist students with medication administration. However, camp employees will not assume any liability for supervising or assisting in the administration of medication (to include choking, allergic reactions, side effects and/or any health risks related to this medication).
- Completion of this form for prescription medication authorizes YMCA Camp High Harbour to discuss the medication order/request with the prescribing healthcare provider if indicated and/or needed.

**Individual pill ziplocks**



Example of how to fill out pill pouches:

Jane Doe  
Allegra  
Monday Breakfast



## Important Information:

- Please include empty prescription bottles if not packed out by the pharmacy.
- Please refrain from sending things like Protein shakes, supplements, vitamins, protein bars, etc.
- If possible, please send chewable or dissolvable instead of liquid medication when at all possible.
- **Over-the-counter medication that is taken on a daily basis is fine. (Zyrtec, Allegra, etc.)**
- Please only send the amount of medication needed for your camper's session(s).

**If you have liquid medication, epi pens, or inhalers you will need to bring them in the original packaging in a ziplock bag to be checked in with our infirmary staff on opening day.**

Please refer to the following links and information for help in packaging:  
<https://www.walgreens.com> : Look for Pill Pouches

I release YMCA Camp High Harbour and any employee from any liability associated with administering this medication. Parent/Legal Guardian authorization signature is needed for both prescription and non prescription medications turned into the infirmary.

Parent/Guardian Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_



# YMCA Camp High Harbour Medication Information Sheet

**PLEASE NOTE: This form and ALL medications must be brought to the Infirmary in pill ziplocks on opening day. Please do not leave in the cabin or with a staff member. Upon departure, medication will be placed in your child's closing day packet. Please double check upon departure. Refrigerated meds will need to be pick up at the infirmary.**

If medication to be given is a liquid prescription medication, original bottle must be included in the bag with the medicine.

1. ONLY BRING THE AMOUNT OF MEDICATION NEEDED DURING YOUR CAMPERS SESSION!
2. Place this form in a gallon ziplock bag with medication that is single dose bag.

**Camper's Name:** \_\_\_\_\_

**Site:** LB- Lake Burton                      LA- Lake Allatoona

Please circle the sessions attending: 1 2 3 4 5 6 7 8 9

Camper's Cabin #: (Pathfinders) 1 2 3 4 5 6 7 8 9 10 11 12

Trailblazer      Watersports      Navigators      ALC              LIT              Staff

Is your camper allergic to any medications (circle one):              YES              NO

- **Medication :** \_\_\_\_\_  
 Condition requiring treatment: \_\_\_\_\_  
 Amount of medication to be given: \_\_\_\_\_  
 How often medication is given: \_\_\_\_\_ QAM    BID    TID    QID    QPM    HS    PRN (medical staff use only)  
*Medications are given before meals or at bedtime.* When do you prefer medication given?  
    Breakfast              Lunch                              Dinner                              Bedtime
- **Medication :** \_\_\_\_\_  
 Condition requiring treatment: \_\_\_\_\_  
 Amount of medication to be given: \_\_\_\_\_  
 How often medication is given: \_\_\_\_\_ QAM    BID    TID    QID    QPM    HS    PRN (medical staff use only)  
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*Medications are given before meals or at bedtime.* When do you prefer medication given?  
    Breakfast              Lunch                              Dinner                              Bedtime

I authorize the YMCA Camp High Harbour Medical Staff to administer the medication above as directed by my child's doctor "I release YMCA Camp High Harbour and YMCA Camp High Harbour employee from any liability associated with administering this medication."

**Parent Signature:** \_\_\_\_\_

**HAND DELIVER TO INFIRMARY ON OPENING DAY, WITH MEDICATION IN PILL ZIPLOCKS.**

HAND DELIVER TO INFIRMARY ON OPENING DAY

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