



## HEALTH FORM ADDENDUM and AUTHORIZATION TO ADMINISTER MEDICATION

HSS 45.06 (6) (d)1a, HSS 55.34 (5) (e) 1z, c and d, HSS 55.44 (5) 1a, c and d

I hereby authorize administration of the following medication(s) by the staff of YMCA Camp Matawa for my child:

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Signed

**ALL MEDICATIONS MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE/PACKAGE**

Medications arriving in any other fashion will not be accepted

| Name of Medication* | Type | Dosage | Prescriptive  | Special Instructions | Dosing Schedule** |
|---------------------|------|--------|---|----------------------|-------------------|
|                     |      |        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                      |                   |
|                     |      |        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                      |                   |
|                     |      |        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                      |                   |
|                     |      |        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                      |                   |
|                     |      |        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                      |                   |

\* Unless taken on a daily basis, over the counter medications such as Tylenol do not need to be brought to camp

\*\*Please indicate when you would like each medication to be dispensed based on the following choices:

Breakfast 0700-0745, Lunch 1200-1230, Dinner 1745-1830, Bedtime 1915-2000

Please note, my child has the following food, medication or other allergies:

| Allergy | Symptoms | Frequency of Occurrence | Past Treatment Scenario<br><i>include date and details</i> |
|---------|----------|-------------------------|--|
|         |          |                         |  |
|         |          |                         |  |
|         |          |                         |  |

Please check here if your child has and/or carries an asthma inhaler.

Please check here if your child has and/or carries an epi-pen.

Additional notes for the YMCA Camp Matawa Health Care Staff:

\_\_\_\_\_  
\_\_\_\_\_

Camper Name

Session