



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 <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <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 <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