



PARKVIEW HUNTINGTON FAMILY YMCA YOUTH DAY CAMP 2026

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMPER MEDICATION FORM

Child's Name: _____ D.O.B. ____/____/____

Parent/Guardian Name(s): _____

IF YOUR CAMPER IS TO TAKE MEDICATION AT CAMP, PLEASE READ AND SIGN:

***Every medication your camper is to take while at YMCA Day Camp must be listed below.**

***All medications must be submitted to a camp counselor at arrival to camp each day, unless left here for the duration of the summer.**

***All doctor-prescribed medication must be in the properly labeled, ORIGINAL CONTAINER with the camper's name printed on the bottle. Zip-lock bags, pill boxes, or any other type of container besides the pharmacy bottle, WILL NOT BE ACCEPTED.**

***Any over-the-counter medications, such as Tylenol, Advil, Ibuprofen, or Allergy meds, must also be in their original containers.**

***A doctor's note is required for any non-FDA approved OTC medications or medically necessary supplements, such as melatonin.**

***The dosage instructions listed on the bottle will be followed unless there is a written note from a doctor outlining different indications.**

My signature below indicates I have read, understand, and agree to this policy:

Parent/Guardian Signature: _____ **Date:** _____

-----For Camp Personnel Only-----

WEEK OF:	MEDICATION	DOSAGE (# of daily doses & amounts)	REASON PERSCRIBED	Monday Time & Initial	Tuesday Time & Initial	Wednesday Time & Initial	Thursday Time & Initial	Friday Time & Initial
				D.1 D.2 D.3	D.1 D.2 D.3	D.1 D.2 D.3	D.1 D.2 D.3	D.1 D.2 D.3
				D.1 D.2 D.3	D.1 D.2 D.3	D.1 D.2 D.3	D.1 D.2 D.3	D.1 D.2 D.3
				D.1 D.2 D.3	D.1 D.2 D.3	D.1 D.2 D.3	D.1 D.2 D.3	D.1 D.2 D.3
				D.1 D.2 D.3	D.1 D.2 D.3	D.1 D.2 D.3	D.1 D.2 D.3	D.1 D.2 D.3
				D.1 D.2 D.3	D.1 D.2 D.3	D.1 D.2 D.3	D.1 D.2 D.3	D.1 D.2 D.3