

SESSION(S) ATTENDING: _____

**YMCA CAMP GREYLOCK
YMCA MEDICATION AUTHORIZATION**

MEDICATION MUST BE BROUGHT TO CAMP IN THE ORIGINAL CONTAINER

As a parent or guardian of _____ I hereby grant permission for the staff of
YMCA Camp Greylock to administer the following:

_____	Name of medication
_____	Date(s) medication is to be administered
_____	Time to be administered
_____	Amount to be administered
_____	How to be administered (i.e. orally, shot)
_____	Special instructions (i.e. refrigeration)
_____	Physician with phone number
_____	_____
Parent or Guardian's Signature	Date

All medication must be sent in the original container. You may send enough for the entire two-week session - all medications are double locked here at camp. Camp Greylock does not supply any over the counter medication (acetaminophen, ibuprofen, etc.). You must send these medications in original containers as well if you believe your child may need them over the course of the session.

Please return this form at least a minimum of 10 days prior to your child attending camp.