Eugene Family YMCA-MEDICATION Authorization Form

Child Name _____

Medication to be Administered	Dosage	Time	Time	Date

Please initial to authorize the following medications to be administered by camp nurse or supervisor as needed:

Tylenol		Ibruprofen		Benedryl		Sucrets		Chloraseptic	
Pepto Bismol		Cough Syrup		Cough Drops					

_____ Parent/Guardian Signature

_____ Date

Date	Time	Medication Name/Amount	Person Administering