

# Parent Release for Administration of Medication

I \_\_\_\_\_ parent of \_\_\_\_\_  
hereby request that the staff of the Suburban North Family YMCA Camp Program administer the following medication to my child.

Medication \_\_\_\_\_  
\_\_\_\_\_

The medication should be administered in the following dosages and time schedule:

Amount \_\_\_\_\_ Time \_\_\_\_\_

Amount \_\_\_\_\_ Time \_\_\_\_\_

Amount \_\_\_\_\_ Time \_\_\_\_\_

Amount \_\_\_\_\_ Time \_\_\_\_\_

Please mark if the medication must be refrigerated  yes  no

I also release the YMCA Camp Program from all liability for reactions which my child may suffer from this medication, possible reactions of which the Camp Staff should be aware of might include \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Suburban North Family YMCA**  
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