



LAKE NORMAN YMCA MEDICATION FORM

Medication Form: (Be sure to sign at the bottom)

Name of Child:

Age of Child:

Classroom/Grade:

Name of Medicine:

Original Prescribed Container: ____ Yes ____ No

Directions for taking medicine:

Date Beginning: _____ Date Ending: _____

Time to be administered: _____ AM/PM

- Dosage:
- Special Instructions:

Medication Rules:

- Only prescription medication will be allowed at camp in the medication bottle
- It must be dropped off each morning at rides in or the program office in a baggie with the written medication sheet completed by the parents.
- It is the parent's responsibility to ask for it back at rides out or the program office when picking up their child.
- No medication is allowed in a child lunch box.
- Epi-pens will be handled by staff, only prescription benadryl will be accepted for allergies.

These guidelines are for your child's safety. If you have any questions, contact:
lakenormanyouth@ymcacharlotte.org or 704-716-4418

Parent Signature: _____