

# YMCA CAMP COMBE MEDICATION CONSENT FORM

This form must be completed and signed by the child's physician AND a parent/guardian.  
Please return this form to camp NO LATER than May 1.

## SECTION 1: TO BE COMPLETED BY PARENT/GUARDIAN

Camper's Name: \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_  
Camper's Date of Birth: \_\_\_\_\_

### HIPAA Privacy Statement:

I give \_\_\_\_\_ permission to release confidential  
(Name of Medical Practice)  
health information to the YMCA CAMP COMBE regarding: \_\_\_\_\_  
(Name of camper)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 2: TO BE COMPLETED BY PHYSICIAN

### Limitations on Activities:

The camp day can include strenuous activities. Please note if there are any restrictions on the following activities:

\_\_\_\_ Swimming \_\_\_\_ Hiking \_\_\_\_ Athletics \_\_\_\_ High Ropes & Climbing \_\_\_\_ Other

Please explain:

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**I CERTIFY THAT I HAVE EXAMINED THE ABOVE NAMED CAMPER AND THAT ON THE BASIS OF MY EXAMINATION AND THE MEDICAL HISTORY AS FURNISHED TO ME, I HAVE FOUND NO REASON WHICH WOULD MAKE IT MEDICALLY INADVISABLE FOR THIS CAMPER TO PARTICIPATE IN PHYSICALLY STRENUOUS ACTIVITIES.**

**SIGNATURE OF PHYSICIAN:** \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name (Please print): \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Last Physical: \_\_\_\_\_

**Please attach a copy of your child's current immunizations.**  
**(Must be dated within last 12 months)**

### **SECTION 3: MEDICATION AUTHORIZATION.**

**Please read this page carefully, sign and date and then fill out ALL questions on page 3.**

The Camp Combe YMCA cannot guarantee to have a registered nurse on staff during the summer sessions. If we do not have a registered nurse on property New York State Office of Professions regulations state that the camp LPN/EMT is NOT allowed to administer medication of ANY kind—including over the counter medication. This does not include emergency medications such as an EPI pen or inhaler. For this reason Camp Combe requests that all medications that can be taken prior to or after the camp day be administered at home. **NO** over the counter medications will be given at camp.

If your child must take RX medication during the camp day they must be able to self-administer the medication.

To be able to self-administer medication the camper must be able to:

1. Identify the correct medication (e.g. color, shape);
2. Identify the purpose of the medication (e.g. to improve attention);
3. Determine that the correct dosage is being administered (e.g. one pill);
4. Identify the time the medication is needed (e.g. lunch time, after swim);
5. Describe what will happen if the medication is not taken (e.g. unable to pay attention) and
6. Refuse to take medication if camper has any concerns about its appropriateness.

If you do not want your camper to be administered any medication while at camp please check the NO line on questions 1 & 2 on page 3 and sign and date.

I have read the above statement and hereby request the Camp Combe YMCA administer medications based on the answers on page 3 of this packet. I agree to release, indemnify and hold harmless the YMCA and any of their staff members or directors from law suits, claims, expenses, demands, or actions, etc. against them for helping my child use medications provided YMCA staff comply with the physician, parent or guardian orders set forth on page 3 of this packet.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Pg 3

1. My Child has permission to self-administer the medications listed below as signed off on by the pediatrician:  
    \_\_\_YES                      \_\_\_NO

**TO BE COMPLETED BY PHYSICIAN IS YES IS CHECKED OFF ABOVE**

**Any RX Medication camper might take during camp.**

MEDICATION	DOSAGE	SCHEDULE
EPI PEN	YES NO	Please supply Action Plan
Inhaler	YES NO	Please supply Action Plan

All prescription medication must be in original container with original prescription label.

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_