



# Saginaw YMCA Camp Timbers

## NON-PRESCRIPTION MEDICATION AUTHORIZATION FORM

I \_\_\_\_\_, the parent/guardian of camper \_\_\_\_\_, give Camp Timbers authorization to administer non-prescription medication ie. Tylenol to my child during his/her stay at Timbers.

Please list the type of medications commonly used at home that you'd prefer the Health Officer to administer if needed at Camp for any of the following conditions: head aches, stomach aches, sore throat or sinus/allergy symptoms: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any over-the-counter medications that MAY NOT be administered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*

### OPTIONAL

Please call me any time it seems necessary to administer the over-the-counter medications I have indicated on this form.

Phone #: \_\_\_\_\_ (day time)

Phone #: \_\_\_\_\_ (evening)

*All Camper forms can be used for 2 consecutive Camp Timbers seasons, subject to annual updating.*