



YMCA Camp Kanannaq Medication Form

Child's Information

Date: _____

Child's Name: _____

Date of Birth: _____

Medication Information

- Prescription
- Non-prescription
- Epi Pen
- Inhaler

Medication Name: _____

Medication Expiry Date: _____

Prescribed by (if applicable): _____

Dosage: _____

Time of Dosage (if applicable, please give a range): _____

Potential Side effects: _____

When to administer medication: _____

I hereby give my permission for the staff of YMCA Camp Kanannaq to administer

the above medication in the dosage, at the time requested and the circumstances

stated above. I accept the responsibility of supplying the correct medication in the

original packaging, with my child's name on it and prescription information (If

applicable).

Parent Guardian Name (printed): _____

Parent Guardian Signature: _____

Staff Signature: _____



