



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2017 YMCA CAMP ZEHNDER Medication Procedure & Permission Form June 19, 2017 — September 1, 2017

Dear Parent / Guardian / Caretaker and Physician:

Any medication, including all over-the-counter medication, administered by personnel of Camp Zehnder must be accompanied by written orders from a physician. The medication must be in a labeled, prescription bottle with specific instructions. (Pharmacies will provide bottles for camp use.) At **NO** time is a camper to transport or have in his/her possession any medication.

Camper's Name: _____ Birth Date: _____
Address: _____ Phone: _____
Parent Cell: _____ Group: _____

Physicians Authorization:

Medication: _____ Dose: _____
Time or circumstance of administration at camp: _____
Duration of administration: _____
Reason for administration: _____
Side effects to be aware of: _____
Any additional instructions or follow-up: _____
Physician's Signature: _____ Date: _____

Parent / Guardian / Caretaker Permission:

Be advised that Camp Zehnder shall incur **NO** liability as a result of any injury arising from the administration of medication and that the parents/guardians shall indemnify and hold harmless Camp Zehnder and its employees or agents against any claims arising out of administration of this medication. I give permission to the health director to administer the above medication to my child.

Parent/Legal Guardian Signature: _____ Date: _____

THE COMMUNITY YMCA Camp Zehnder

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Here for all.
Financial assistance is offered based
on availability of funds.