



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**PARENT/GUARDIAN AUTHORIZATION FOR THE
ADMINISTRATION OF
NON-PRESCRIPTION MEDICATION**

This authorization is limited to the following topical medications:

1. Non-prescription sunscreen protectants
2. Non-prescription insect repellents

Name of Child: _____ **Date of Birth:** _____

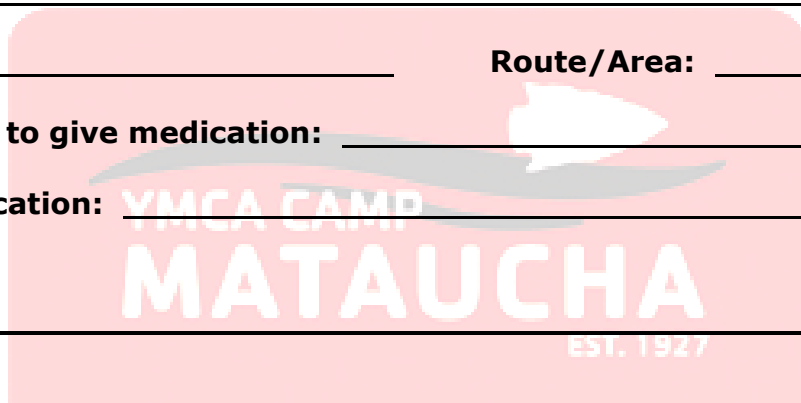
Address: _____ **Daytime Number:** _____

Medication: _____

Dose/Amount: _____ **Route/Area:** _____

Time/Symptoms to give medication: _____

Reason for medication: _____



I hereby request that the above directions are followed in administering the non-prescription topical medication to my child, _____, by a staff member of YMCA Camp Mataucha. I understand that I must supply the non-prescription topical medication in the original container, labeled with the child's name, the name of the medication and the directions for the medication administration. I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian: _____ **Date:** _____

Signature: _____ **Relationship to camper:** _____