

YMCA of Southwestern Ontario Day Camps  
**Camper Medications**



**Information**

Camper's Name

1. Does your child take any medications?

Yes

No

2. Will they be taking any medications at camp?

Yes

No

If you selected yes to question 1 and 2, please answer the following

Name of medication and dose:

Time of day medication is to be taken:

Does the medication need to be taken with food?:

Is there any other important information you would like to share regarding your child's medication:

---

---

---

**Signature**

I confirm that this form has been completed by the camper's parent or guardian and that all information provided is accurate.

Parent/Guardian First and Last Name:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed