

SUNSCREEN RELEASE AND MEDICATION PERMISSION FORM YMCA School Age Services

PERMISSION TO ADMINISTER SUNSCREEN (SUMMER ONLY)

Parents are responsible for providing sunscreen for their child to use at camp. Parents are expected to apply the first coat of sunscreen in the morning before bringing children to camp. YMCA staff will stop activities for all children to apply sunscreen at two additional times throughout the day.

Please complete the information below to give permission for YMCA Staff to apply sunscreen to your child. Note that children will only be allowed to use the sunscreen indicated below.

| Child's Name: | | | Age: | | | |
|---|-------------------------------|---------------------|---------------------|-----------|--|--|
| Please list any allergies to suns | creen: | | | | | |
| The YMCA may apply any type/ | brand of sunscree | n to my child? | ○ Yes | ○ No | | |
| If no, please list any type(s)/br | and(s) of sunscree | en NOT allowed: | | | | |
| I understand that YMCA Summe and that the use of sunscreen r protection against harmful sun | may not prevent m | | | | | |
| I hereby give permission to th child's participation in Summe | | the sunscreen liste | d above to my child | during my | | |
| Parent/guardian signature: | Date: | | | | | |
| | | | | | | |
| PERMISSION TO ADMII | NISTER MEDI | CATION (IF NEI | EDED) | •••• | | |
| Child's name: | | | Age: | | | |
| Name of medication: | | | | | | |
| Prescribed by: | | | Phone: | | | |
| Administration directions and d | losage: | | | | | |
| | | | | | | |
| Time to be administered: | | | | | | |
| Visible side effects to watch fo | <u>r:</u> | | | | | |
| Proper care of medication: | Refrigerate | ○ Room tempe | rature Oth | ner | | |
| I hereby give permission to a s | staff member of tl | he YMCA to adminis | ster the medication | described | | |
| above beginning today and en | ding | • | | | | |
| Parent/guardian signature: | | | Dat | e: | | |
| | | | | | | |

Medication Chart

| Date Given | Medication | Dose Given | Time Given | Given By | Side Effects | Director Initial |
|------------|------------|------------|------------|----------|--------------|---------------------|
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