



YMCA OF CENTRAL TEXAS
Camp Medication Dispensing Form

If your child will need medication dispensed during YMCA program hours, please read and complete the following:

- Please fill out one Medication Dispensing Form per child, per program year, and return it to the program office.
- For children requiring injections, medications involving insertion into body cavity, or those with special medical needs, the YMCA will consider reasonable accommodation requests. This may include meetings with parent(s)/guardian(s) to develop a mutually acceptable plan, provided the request does not fundamentally alter the program.
- Parents must bring medication directly to the program office. Children may not transport or carry medication unless the physician has provided written permission for self-administration and all safety precautions are met.
- All medication must be in its original container.
- Parents are responsible for ensuring the child has the correct dosage and an adequate supply of medication.
- If medication is needed at multiple YMCA locations, separate forms and supplies must be provided for each site. Medications will not be transported between programs.
- At the conclusion of the program, parents have 30 days to claim unused medication. Unclaimed medication will be disposed of at a local pharmacy or hospital drop-off center.
- No medication will be dispensed without a completed Medication Dispensing Form.

Are there any specific medical/health needs we should be aware of?

PARENT/GUARDIAN UNDERSTANDING

I have read and understand the requirements for medication dispensing at the YMCA of Central Texas.

Parent/Guardian Signature: _____ Date: _____

CHILD INFORMATION

Child's Full Name: _____ Date of Birth: _____

Age: _____ Grade: _____ YMCA Program Location: _____

MEDICAL INFORMATION

Are there any specific medical/health needs we should be aware of?

Do you request any reasonable modifications due to these needs?

MEDICATION DISPENSING

Medication Name: _____ Dosage: _____

Time(s) to be dispensed: _____

Dispensed by: ☐ YMCA Staff ☐ Self (Doctor's written permission attached)

Special Instructions:

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Phone Numbers:

Home: _____ Work: _____ Mobile: _____

PARENT/GUARDIAN AUTHORIZATION

I hereby give permission for YMCA of Central Texas staff to dispense the above-named medication to my child as described.

Parent/Guardian Signature: _____ Date: _____