

# Ukrainian American Youth Association

## Medications Form

Camper Information			
Child's Name		Date of Birth	
<p><b>Parents:</b> Campers may <b>not</b> keep <b>any</b> medications (including over-the-counter or nonprescription drugs, aspirin, pain relievers, prescription drugs, or others) among their possessions. All such medications <b>must</b> be kept and administered by the Medical Director or his staff.</p> <p>Please indicate whether your child will need to take any medications during camp. If so, bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, dosage, and the frequency and times of administration.</p> <p><b>Check one:</b></p> <p><input type="checkbox"/> My child takes NO medications on a routine basis.</p> <p><input type="checkbox"/> My child takes medications as follows:</p> <p style="margin-left: 40px;">Medication #1 _____ Dosage _____</p> <p style="margin-left: 40px;">Specific times taken each day _____</p> <p style="margin-left: 40px;">Medication #2 _____ Dosage _____</p> <p style="margin-left: 40px;">Specific times taken each day _____</p>			
_____ <b>Signature of Parent or Legal Guardian</b>		_____ <b>Date</b>	

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