

AYCC Childcare & Camps
Medication Permission Form

207-873-0684 www.clubaycc.org
 SEP: DJ Adams childcare@clubaycc.org
 Camp Tracy: Pat Kearns camps@clubaycc.org



Child Last Name		Child First Name
DOB	Prescribing Physician	
Name of Medication(s)		
Date of Medication Order		
Dosage		
Time & Frequency of Medication to be administered		
Continue this medication until		
I have given the first dosage on _____.		
I hereby verify that _____ has a valid prescription for the medication(s) listed above.		
_____	_____	_____
Parent/Guardian First & Last Name (Printed)	Parent/Guardian Signature	Date

Date	Number of Pills & Dosage	Parent/Guardian Initial	Staff Received	Date	Number of Pills & Dosage	Parent/Guardian Initial	Staff Received

Boys & Girls Clubs and YMCA of Greater Waterville
 at the **Alfond Youth & Community Center**
 126 North Street, Waterville, Maine 04901
 207-873-0684 | www.clubaycc.org

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