**2025 IBYC Medication Form**

As parent/guardian, I submit the following descriptions for medications I have provided for my child:

**Camper Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **RX Number** | **Medication Name & Dosage** | **Administer****(Circle Appropriate)** | **Other Notes** |
|  |  | *B’fast -Lunch – Dinner – Bed – Only as needed* |  |
|  |  | *B’fast -Lunch – Dinner – Bed – Only as needed* |  |
|  |  | *B’fast -Lunch – Dinner – Bed – Only as needed* |  |
|  |  | *B’fast -Lunch – Dinner – Bed – Only as needed* |  |
|  |  | *B’fast -Lunch – Dinner – Bed – Only as needed* |  |

Please make sure that camper’s name, physician’s name, prescription number, date prescribed, name of medication and directions for use are clearly marked on all prescriptions.

1. Do we have permission to administer over the counter medicines such as Tylenol, Motrin, Advil and Benadryl? Y/N (circle one)
2. Does your child have any known medical conditions such as asthma, etc.? Y/N (If yes, please list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Does your child have an allergy to any medication? Y/N (If yes, please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Does your child have any food allergies or special dietary needs? Y/N (If yes, please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. We will be doing an hourly sunscreen application check, will your child need to reapply more frequently? Y/N (If yes, please note how often)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I submit the above listed medications to be administered to my child as specified.

**X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian Signature)