



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA CAMP WINONA
898 Camp Winona Road
DeLeon Springs, FL 32130
386.985.4544

Dear Parents:

In order to accomplish medications, including over the counter medications, to your child while at our camp, we must have specific instructions from your child's physician.

In order to accomplish this, we are asking you to provide us with one of the following:

- The camp health form has an area on the back for your child's doctor to fill out, listing ANY medications and dosing instructions that can be administered to your child while here at camp.
- Medications and dosages written on a prescription form and signed by your child's physician
- The enclosed form completed and signed by your child's physician, indicating which medications and their dosages that can be given to your child while at Camp Winona

Having one of these orders on file here, along with the health forms, will enable us to treat your child quickly and efficiently and prevent your child from suffering needlessly while we try to contact his/her physician for orders.

These forms are **NOT** in lieu of the health form. We must also have the completed health form with the immunization record and physical exam section filled out and signed by the doctor in order for your child to remain at camp.

Please return these forms promptly, or be sure to bring them with you when you and your child arrive on opening day of the camp session.

Thank you for your cooperation.

Blaine Wheeler
Executive Camp Director

For more information please contact:

YMCA Camp Winona
898 Camp Winona Rd,
DeLeon Springs, FL 32130
P 386.985.4544 F 386.985.6553
E campwinona@vfymca.org



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ADMINISTRATION OF OTC MEDICATION

_____ may receive the following OTC (over-the-counter) medications while at YMCA Camp Winona:
(Full Name)

MEDICATION	Y / N	DOSAGE / FREQUENCY	REASON
Tylenol (Children's)			
Tylenol (Regular Strength)			
Tylenol (Extra Strength)			
Benadryl Elixir			
Benadryl Caps			
Ibuprofen (Children's)			
Pseudoephedrine			
Dimetapp Elixir			
Robitussin DM			
Robitussin			
Anti-nausea (Emetrol)			
Imodium Tablets			
Imodium Liquid			
Pepto-Bismol			
Throat Lozenges (N'Ice)			
Chloraseptic Throat Spray			
Hydrocortisone Cream (Topical)			
Bacitracin Ointment			
Other (Parent must supply):			

Other Instructions: _____

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____