



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ADVENTURE IS CALLING



2020 SUMMER CAMP  
PARENT GUIDE

[WWW.COLLINCOUNTYADVENTURECAMP.ORG](http://WWW.COLLINCOUNTYADVENTURECAMP.ORG)



Dear Parents,

Thank you for choosing YMCA Collin County Adventure Camp as a place for your kiddo to be this summer. We are ever learning and developing, and we believe camp is more than swimming and outdoor activities, it is a place for children to learn, fail, succeed, and grow. Camp is the best place to be yourself and make new friends; and with that idea in mind, our theme this summer is **Adventure is Calling!** It is our goal to get campers of **ALL AGES** more active, more engaged, and well rounded in spirit, mind, and body. Our summer camp staff will work earnestly in cultivating and nourishing the hearts and minds of our campers. Our leaders will provide daily opportunities for campers to learn the **YMCA values of Caring, Honesty, Respect and Responsibility**, and along the way we hope to help create some of their best summer memories and life-long friendships.

Since Collin County Adventure Camp first opened in 2006, our staff has strived to provide a fun and safe outdoor adventure to all who set foot on camp and this summer will be no exception. Please take a moment to read this guide in full, as it contains important information to ensure a happy and wonderful camp experience for both you and your camper.

If you have any further questions or concerns, please feel free to call or email me!

In the spirit of camp,

*Casondra "Violet" Brimmage*

Summer Camp Director

[cbrimmage@ymcadallas.org](mailto:cbrimmage@ymcadallas.org)

469-586-3283

# WHO WE ARE

Collin County Adventure Camp is owned by Collin County and managed by the YMCA of Metropolitan Dallas. We are set on over 400 acres of beautiful Blackland Prairie and a terrific space of nature for kids of all ages to explore, have fun and be themselves.

## **ADVENTURE IS CALLING**

In the summer, camp provides a happy place for day and overnight campers, ages 5-13, Leaders In Training and Counselors In Training, ages 14 and 15, to explore, learn and grow in the great outdoors. At the age of 16, campers become eligible to be employed as summer Lifeguards.

## **ADVENTURE IS OUR MIDDLE NAME. LEARNING IS OUR PASSION.**

Throughout fall and spring, camp bustles with 100+ schools of all sizes here to learn through our Outdoor Education programs.

## **THE ADVENTURE NEVER ENDS**

For adults who want in on the adventure, we welcome groups and organizations of all sizes for customized retreats.

**In all our programs, we model the YMCA Core Values:**

**Caring. Honesty. Respect. Responsibility.**

# COMMUNICATION

## CONTACT US BY PHONE

Please call **469-586-3291** to speak with the Summer Camp Administrator for any issue or question pertaining to paperwork, sign in/sign out, etc.

## SOCIAL MEDIA

We love to share news and information on Facebook and Instagram. Please follow us and be sure to get our notifications!

[facebook.com/YMCACCAC](https://facebook.com/YMCACCAC)

[collincountyadventurecamp](https://collincountyadventurecamp)



## SMUGMUG



SmugMug is where we share summer camp photos. SmugMug allows you to view your camper's album, as well as purchase prints.

[ccac.smugmug.com](https://ccac.smugmug.com)

## CAMPER CELL PHONES & ELECTRONICS

**Day Camp:** Electronics may be used during bus rides to and from camp **ONLY**. During program hours phones, and other hand-held electronics, must be turned off and packed away.

**Jamboree:** Cell phones will **NOT** be allowed.

**CIT/LITs and TNT Teens:** Cell phones will **NOT** be allowed during overnight experiences.

Time at camp is an opportunity for your child to unplug from technology. It is not our intent to disconnect parent from camper, but to immerse our campers into the now and to live in the moment where they can connect with their peers and cultivate relationships.

Camp staff does reserve the right to take away cell phones and electronics during camp program hours/sessions. Any item taken away will be returned at the appropriate time,

# INFORMATION

## **BIRTHDAYS**

If your camper has a birthday while at camp, he/she will be recognized with a cupcake at lunch. Parents are welcome to send a special treat to share with their camper's group.

## **LOST AND FOUND**

Camp is not responsible for lost items. Please make sure all of your camper's belongings are clearly marked with their first and last name. Lost items are returned whenever possible, and items not returnable will be placed on the dining hall fireplace to be found.

## **INCLEMENT WEATHER**

We are blessed to have such a beautiful natural setting to implement our programs, and unfortunately, inclement weather does occur. Camp WILL go on as usual in the case of rain and campers may come home wet or muddy. If lightening and thunder are present, all pool, lake and climbing activities are suspended and campers are moved to a covered area. If the weather becomes more severe, all campers will be moved to an indoor facility. Our staff is well trained in inclement weather procedures and your camper's safety is always our primary concern.

## **ZERO-TOLERANCE**

The YMCA of Metropolitan Dallas and Collin County Adventure Camp has a zero-tolerance for firearms, knives, fireworks, aerosol products, matches, lighters, tobacco products and illegal drugs. If your camper is found with any of these items, you will be notified and they must leave camp.

**All insect repellent and sunscreen products must be in form of lotion, pump spray or wipes.**

# RESPONSIBILITIES

## CAMPER RESPONSIBILITIES

Going to summer camp is a very exciting time for campers and parents. However, it's also natural for you both to be anxious about adopting new daily routines, trying new activities and meeting new friends.

Our staff is trained in and practices positive reinforcement. Responsibility Cards will be given to campers to bring awareness of their actions and help redirect behavior which needs improved upon. A copy of these cards will be sent home to you. "Renewal time" and/or loss of privileges may be used in the case of undesired behavior. Staff will always maintain an open line of communication about your child's behavior.

Should the undesired behavior continue, become more severe or

- \* The behavior poses a threat to themselves or others
- \* The camper requires an inordinate amount of attention from staff, thereby causing inadequate levels of supervision for the other participants
- \* The behavior is determined to be inappropriate within the scope and spirit of YMCA values

Our staff reserves the right to warn, suspend or dismiss any participant from our programs and facilities with the approval of the Camp Director and Executive Director.

# IMPORTANT INFORMATION

## HEALTH FORM & ADMISSION FORM

The Health and Admission Forms are the most important part of your registration. Campers will not be able to attend camp without these completed forms.

**Please bring both forms with you on the first day of the camp week/session. Forms are no longer accepted by email. If your camper is attending multiple weeks/sessions of camp, we will only need both forms once.**

## MEDICATION

Do not pack any prescription or over-the-counter medications in your camper's belongings. All medications, including lotions, creams, etc., must be dispensed by camp staff and we must have a completed medication form to accompany all medications.

All prescription medications must be in the original packaging, identifying the prescribing physician, name of medication, dosage and frequency of administration.

## ILLNESS

If your camper shows any signs of illness or has a fever prior to camp, please keep him/her home and notify us. If a camper becomes ill while at camp, you will be notified for pick-up. In the event you can not be reached, the emergency contact listed on the camper's Health Form will be notified.

## EMERGENCY

Routine scrapes, cuts, bee stings, etc. will be treated by camp staff. All staff are trained in CPR and FIRST AID and in the case of a serious illness or accident involving your child, camp staff will contact you. If you are not available, your authorized signature on the Health Form allows us to secure prompt treatment.

**In the event of an emergency, we will call 911.**

# PAYMENT POLICIES

## **DEPOSITS & FEES**

A \$50 non-refundable deposit was paid at time of registration.

**The balance of your camp fee is due on the 1st or the 15th day of the month, prior to the first day of registered week of camp.**

A \$50 fee for transportation was also due at registration, if your Day Camper or LIT/CIT Camper will be getting to and from camp from transportation provided by Camp.

Bus transportation is available at the McKinney, Plano & Frisco YMCA branches, as well as J.M. Caldwell Sr. Community Park in Princeton.

**There is a \$25 service fee to make any changes in registration weeks.**

## **CANCELLATIONS & REFUNDS**

If you need to cancel a week/session of camp and you would like to request a refund, we must receive a completed cancellation form 14 business days prior to the first day of your camper's week/session.

If your camper is unable to complete a session due to medical reasons, we must receive a written letter of absence from a licensed physician in order to qualify for a prorated refund.

**There are no prorating of weeks and no refunds due to missed days.**

**Deposits are non refundable.**



# DAY CAMP

## **SIGN-IN and SIGN-OUT**

Day Camp begins at 9:00am and ends at 4:00pm M-F. If you are dropping your camper off, you may sign-in no earlier than 7:00am. There will be signs directing you to the sign-in area at the Bus Stop and staff will be waiting for you. After 8:30, please sign-in at the Education Building. Sign-out is in the same location from 4:00pm to no later than 6:00pm.

All individuals, including parents, must be listed on the Sign-Out Authorization Form (completed with registration online) in order to sign-out your camper. Campers will only be released to individuals listed on the form and **a photo ID is required at every sign-out.**

While we understand the location and time of camp can create a challenge for working parents, late sign-out will not be permitted. If an unavoidable situation occurs and you will be late to sign-out your camper, you must call 469-586-3291.

We reserve the right to suspend your registered week of camp, without refund, if we feel this policy is being abused.

## **EARLY SIGN-OUT**

If you need to sign-out your camper before the end of the camp day, please notify staff at morning sign-in. Your camper must still be signed-out with staff before they leave camp property.

**We understand that plans change and emergencies do occur. However, in order to ensure the safety of your camper, sign-out/location changes must be made before 3:00pm.**

## **BUS GUIDELINES**

Campers are expected to follow all camp rules and be respectful of the driver, camp staff and each other while on the bus. Camp staff will have an emergency cell phone. If for any reason you will not be on time for drop off or pick up, please call the office immediately at 469-586-3291.

We reserve the right to suspend a camper's bus transportation, without refund, if parent(s) are late to drop-off or pick-up after one occurrence.

# A DAY OF DAY CAMP

## **HUDDLES/ BUDDY REQUESTS**

Campers are assigned to “huddles” or groups based on their age. Campers will participate in certain activities with their huddle, but all huddles will join together for morning/closing assembly, lunch and themed activities. We do our best to accommodate buddy requests, so please let us know in your online profile if your camper has a buddy they’d like to be with. A limit of four buddy requests will be considered and all buddies must be within 1.5 years of age.

## **MORNING/ CLOSING ASSEMBLY**

Camp will start and end each day with assembly. In the mornings, campers will be welcomed with an energizer and they will wrap up the day with a bead ceremony.

## **LUNCH**

Campers will be served a hot meal and a salad bar is available each day. Campers may also choose to have a soy butter and jelly sandwich. If your camper has any food allergies or other dietary concerns, please note them on the Medical Form. All special dietary needs will be communicated to the Food Services Director.

## **ACTIVITIES**

Campers will have the opportunity to participate in adventure activities throughout the week. Activities will be scheduled based on age, availability and weather. Activities include fishing, canoeing, archery, riflery, climbing wall, Alpine Tower and ziplining. All activities may not be participated in during a camp week. Campers will swim every day and will participate in games and activities based on the theme of the week.

## **WATER ACTIVITIES**

All campers must take a swimming test the first day of camp to demonstrate their swimming ability. Campers will be given a colored wristband based on their ability and may be required to wear a lifejacket at the pool. Campers may retake the swimming test at any time. Lifejackets are required at all lake-front activities, regardless of swimming ability.

# WHAT TO BRING TO DAY CAMP

A light backpack/drawstring sack

Refillable water bottle

Swimsuit & Towel

Sunscreen (non-aerosol)

Bug Spray (non-aerosol)

Hat/Sunglasses (optional)

Money for Camp Store (optional)

No need to pack a snack, we provide one in the afternoon!

**Please write your camper's name on all belongings!**

# JAMBOREE

## **SIGN-IN**

Sign-in begins at 1:00pm Sunday in the Dining Hall. You may leave all luggage in your vehicle. We will confirm all paperwork has been turned in and collect your camper's medicine and Camp Store funds. Each camper will be checked for head lice. Any camper that has evidence of lice will need treatment immediately. Parents are responsible for securing treatment and upon completion, the camper may return with the Director's discretion. From sign-in, you may accompany your camper to their cabin, drop off luggage and help them make their bed and settle in.

## **MEALS**

Three hot meals will be served each day and are included in the registration fee. In addition to the daily meal, a salad bar is available and campers may also choose to have a soy butter and jelly sandwich. **If your camper has any food allergies or dietary concerns, please note them on the Medical Form. Any special needs will be communicated to the Food Services Director.**

## **CAMP STORE**

Camp Store has a variety of snacks and drinks and souvenirs available for purchase throughout the week. During check-in there will be an opportunity to set up a camper account and at the end of the week the unused balance will be returned.

## **CLOSING DAY/ FAMILY INVITATION**

Sign-out begins at 10:00am Saturday and we invite all camper families to join us for a slideshow and camper recognition. We also encourage family members to see what camp life is all about. After sign-out, feel free to visit Archery, BBs, the Climbing Wall and the Camp Store from 11am - Noon.

**A release form must be filled out at sign-out before participating in activities.**

# JAMBOREE

## **BUDDY REQUESTS**

Campers are assigned to cabins based on their age and gender. Campers will participate in certain activities with their cabin, but all cabins will join together for morning/closing activities, meals and themed activities. We do our best to accommodate buddy requests, so please let us know in your online profile if your camper has a buddy they'd like to be with. A limit of four buddy requests will be considered and all buddies must be within 1.5 years of age.

## **COMMUNICATING WITH YOUR CAMPER**

Letters and care packages are welcome and encouraged! We recommend sending all mail the week before camp starts to ensure it is received while they are here. You may also bring letters and care packages to sign-in.

Collin County Adventure Camp is not responsible for returning any mail or packages that arrive after your camper's session is over. Please be sure to address all mail in the following format:

Camper Name

c/o Collin County Adventure Camp Jamboree

1180 W Houston Street

Anna, TX 75409

# JAMBOREE PACKING LIST

## **Clothes: Please mark all items with name**

Underwear

Socks

T-Shirts

Shorts

Rain Coat/ Poncho /Sweatshirt

Swimsuit

Pajamas

Tennis shoes

Shower shoes

Hat/Cap

Plain white shirt for tie-dye

Outfit for the week's theme

Color Chaos outfit (If it's camper's 1st time here, they will find out their color at camp during open campfire)

## **Bedding:**

Twin sheets

Blanket/ Sleeping Bag

Pillow

## **Toiletries:**

Shampoo/Conditioner/Soap

Toothbrush / Paste / Floss

Brush/ Comb

Pool Towel and Bath Towel

Sunscreen / Bug spray (non-aerosol)

## **Other:**

Refillable water bottle

Backpack

Flashlight/ Batteries

Sunglasses

Stationary/ Stamps

Disposable Camera

Book/ Playing Cards

Money for Camp Store (turned in at check in)

## **Medication - See Health Information**

## **Items to leave at home:**

Food and Candy

Electronics

Jewelry/ Valuables

Anything you or your camper would be upset about if it became scratched, stained, battered, broken, lost or unrecognizable

**If a camper brings the following items, they will be sent home and no refund will be given:**

Tobacco products / Alcohol / Drugs

Knives / Firearms / Weapons

Fireworks / Matches/ Lighter

# TNT TEENS

## INTRODUCING OUR NEW TNT TEENS PROGRAM

The idea of this program stemmed from wanting to provide Teens access to camp all summer long. The focus will be cultivating their interests and passions, as potential life skills, all while having a traditional fun-filled camp experience.

The new TNT Teens Program is a 2 week-Day Camp experience. During their session TNT Teens will prepare and cook several of their meals over a campfire. On the last week of their session there will be a **1-night tent camping experience on Thursday**. We are providing 5 opportunities for these 2-week Teen sessions during the summer.

### TNT stands for:

- T - Teaching our Teens Life Skills
- N - Nurturing the Spirit, Mind & Body
- T - Taking Action in our Community

It will be a camper lead experience geared towards their interests, with creative skill sessions based on their passions.

### Examples:

- 1) If the Teen camper is interested in writing/journaling/media - we would create and produce a camp newsletter or video.
- 2) If the Teen camper is interested in running a business/learn money management skills, we would have them assist in the camp store.

All this will be done along with your traditional camp activities. We believe sky is the limit when we encourage our Teens to excel!! We are excited to see what this program can do and we hope you join us on the adventure.

# LITs | CITs

## Leaders In Training (14 years only)

Will focus on program knowledge and facilitating activities.

## Counselors In Training (15 years only)

Will include the above knowledge, but will be focused on preparing them as future Counselors to work with Day Camp, Jamboree, or Lifeguarding.

LITs and CITs will follow this schedule:

Week 1: Day Camp - Activities, Team Building, Camp Fun

Week 2: Day Camp - Activity Breakdown, Leadership Skills, Camp Comprehension

Week 3: Jamboree - Overnight Camp Fun, Application/Comprehension of Skills

## THE FUTURE OF CAMP

After completion of the LIT/CIT program, our Teen Leaders will be eligible for select volunteer opportunities throughout the rest of summer and the upcoming school year.

During their time at camp both the CITs and LITs will be evaluated on their skills and understanding of camp activities. Based on this evaluation, they will fall under four categories: **Exceeds Expectations, Meets Expectations, Needs Improvement, and Unsatisfactory**. On the day of Graduation (their last day of Jamboree) each LIT/CIT will receive a letter detailing their weeks of camp and if they received a mark of Exceeds or Meets Expectations, volunteer dates will also be included in their letter. LIT/CITs not meeting the requirements will be encouraged to return next summer.

At the age of 16 all Teen Leaders will be eligible, and encouraged to apply, to be YMCA Lifeguards or Junior Counselors.





# YMCA COLLIN COUNTY ADVENTURE CAMP

## Admission Form



This admission form is **REQUIRED** for camp attendance. Please read carefully and complete in full.

Camper Last Name	First Name	DOB	Age	Gender

Circle all attending **Day Camp** week(s): 1 2 3 4 5 6 7 8 9 10

Circle all attending **Jamboree** session(s): 1 2 3 4 5

Circle all attending **TNT Teens** session(s): 1 2 3 4 5

Circle attending **Teen Leader** session: CIT (weeks 1-3) or LIT (weeks 7-9)

List all people allowed to pick up camper:

Name	Relationship/Phone Number	Drivers License
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Photo Release

*I give permission and consent for Collin County Adventure Camp to take photographs of my child during camp session(s). I further give permission and consent that any such photographs may be published and used by Collin County Adventure Camp and the YMCA of Metropolitan Dallas, to illustrate and promote the camp experience and programs.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Collin County Adventure Camp is dedicated to improving the communities we serve.**

Information below is used only for statistical data:

What School District does your child attend? \_\_\_\_\_

How did you hear about Collin County Adventure Camp? \_\_\_\_\_

Have you attended any other programs at Collin County Adventure Camp? Circle all that apply.

Outdoor Education School Field Trip Retreat Groups Community Days

What other summer activities or camp programs have you participated in? \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Our Cause Defines Us**

**We know that lasting personal and social change comes about when we all work together. That's why, at the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.**

## **Our Strength is in Community**

- The Y is a nonprofit like no other. That's because in 10,000 neighborhoods across the nation, we have the presence and partnerships to not just promise, but deliver, positive change.**
- The Y is community centered. For nearly 160 years, we've been listening and responding to our communities.**
- The Y brings people together. We connect people of all ages and backgrounds to bridge the gaps in community needs.**
- The Y nurtures potential. We believe that everyone should have the opportunity to learn, grow and thrive.**

**The Y has local presence and global reach. We mobilize local communities to effect lasting, meaningful change.**

## **Our Impact is Felt Every Day**

**With a mission to put Christian values into practice through programs that build a healthy spirit, mind and body for all, our impact is felt when an individual makes a healthy choice, when a mentor inspires a child and when a community comes together for the common good.**



# YMCA COLLIN COUNTY ADVENTURE CAMP

## Confidential Health Form Pg. 1



This two-page health form is **REQUIRED** for camp attendance. Please read carefully and complete in full.

Camper Last Name	First Name	DOB	Age	Gender
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Emergency Contact Name			
Home Address		Work Address	
City/State		City/State	
Zip Code		Zip Code	
Phone	( )	Phone	( )

Primary Care Physician		Phone	( )
Dentist		Phone	( )
Insurance Provider		Phone	( )
Policy or Group Number			

**Health History ( check all that apply ):**

	Asthma	Diseases:	Allergies:
	Frequent Ear Infections	Chicken Pox	Hay Fever
	Heart Defect/Disease	Measles	Poison Oak/Ivy, etc.
	Convulsions/Epilepsy	German Measles	Insect Stings
	Diabetes	Mumps	Penicillin
	Bleeding/Clotting Disorders	Mononucleosis	Other Drugs
	Hypertension	Other ( <i>specify below</i> )	Nuts/Dairy
	Psychiatric Treatment		Other ( <i>specify below</i> )
	Operations or Serious Injuries		
	Disability/Chronic/Recurring Illness		
	Bed Wetting		

**Immunization History (Copies of immunization records are acceptable):**

Vaccines	Most Recent Dose (MM/YY)	Vaccines	Most Recent Dose (MM/YY)
DPT (Diphtheria, Pertussis, Tetanus)		Hepatitis A	
Tetanus Booster		Hepatitis B	
Polio (IPV)		Pneumococcal (PCV)	
MMR (Measles, Mumps, Rubella)		Tuberculin (TB) test	
Meningococcal Meningitis (MCV4)		Varicella (Chicken Pox)	
Haemophilus Influenza Type B (HIB)			

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director, to order X-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YMCA COLLIN COUNTY ADVENTURE CAMP**  
**Confidential Health Form Pg. 2**

Camper Name	Height	Weight

Does camper have epilepsy? Y or N

Does camper have diabetes? Y or N

The camper is under the care of a physician for the following condition(s): \_\_\_\_\_

\_\_\_\_\_

Any treatment to be continued at camp: \_\_\_\_\_

\_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

Any record of known allergies (food, plants, insects, medication, etc.): \_\_\_\_\_

\_\_\_\_\_

If Female, Has camper menstruated? Y or N

If so, is her menstrual history normal? Y or N

\_\_\_\_\_

Any medications to be administered while at camp: \_\_\_\_\_

**Please fill out Parent Authorization Medicine form.**

Any activities encouraged or limited at camp: \_\_\_\_\_

\_\_\_\_\_

Additional health information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT AUTHORIZATION FOR MEDICATION FORM**  
**\*one form is required for each medication**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_

Medication Type: Prescription Medication Non-Prescription Medication

Medication: \_\_\_\_\_ Prescription #: \_\_\_\_\_ --- Dosage: \_\_\_\_\_

Time(s) of Day Medication is to be Given: Lunch Other: \_\_\_\_\_

When was last dose given to child: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Continue Medication Until (date): \_\_\_\_\_

Doctor Name \_\_\_\_\_ Doctor's phone # \_\_\_\_\_

Parent's Primary Phone \_\_\_\_\_ Parent's Secondary Phone \_\_\_\_\_

**I GIVE PERMISSION FOR YMCA OF METROPOLITAN DALLAS TO ADMINISTER THE ABOVE REFERENCED MEDICATION ACCORDING TO THE INSTRUCTIONS ABOVE TO MY CHILD, WHILE IN THE CARE OF THE YMCA, AS ORDERED BY MY HEALTHCARE PROVIDER.**

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*This Section Completed by YMCA Health Officer\*\*\*  
**RECEIVING MEDICATION CHECKLIST****

**Prescription Medication**

- Parent Permission Received (this form)
- Original prescription label is readable
- Name and strength of medication on label
- Medication is not expired
- Name of child matches intended recipient
- Health care provider name/contact on container
- Dispense instructions
- Storage instructions
- Child medication log set up

\_\_\_\_\_  
 Health Officer Signature

**Non-Prescription Medication**

- Parent Permission Received (this form)
- Original manufacturer label is readable
- Name and strength of medication on label
- Medication is not expired
- Storage instructions
- Health care provider written note is provided
- Dispense instructions
- Child medication log set up

\_\_\_\_\_  
 Health Officer Signature

**\*\*\*This Section Completed by YMCA Health Officer\*\*\*  
**DISPOSITION OF LEFT-OVER MEDICATION VERIFICATION****

Returned to Child's Parent/Guardian Thrown Away Date: \_\_\_\_\_

\_\_\_\_\_  
 Health Officer Signature

\_\_\_\_\_  
 Witness Name/Signature

# MEDICATION ADMINISTRATION REQUIREMENTS

Parents,

Your child may have an illness that requires medication for relief or cure that does not prevent his or her attending the YMCA program. When possible, such medication should be scheduled to be taken at home. However, according to YMCA policy, a medication may be dispensed to a child by YMCA personnel. The following requirements must be met by the parent or legal guardian requesting this service.

**Prescription or Non-Prescription Medications** that need to be taken during a YMCA program must:

All prescription drugs must be in their original pharmacy container and labeled by the pharmacist.

The label must include:

- Student's name
- Name of prescribing health care provider.
- Name of drug
- Amount of drug to be given and frequency of administration
- Date prescription filled.
- Expiration date of drug.

All over the counter (OTC) medications, ointments, etc. must be in their **original container**. OTC medications will only be provided for a maximum of one (1) week. If the child requires the use of the non-prescription drug for more than one week, the parent request must be accompanied by a physician note indicating. The written request for administration of these must contain the following information:

- Student's name
- Name of drug
- Amount of drug to be given
- When drug is to be given
- Reason drug is given
- Date
- Signature of parent/guardian

All prescription and non-prescription drugs to be administered during YMCA programs must be accompanied by a **written request signed and dated by the prescribing health care provider and the parent or guardian requesting this service.** (Form on reverse side).

## **Also please note:**

Medications prescribed or requested to be given for convenience rather than necessity during program hours will be requested to be given outside of program hours. Only those medications required to be given during program hours will be given.

There will be no more than one medication per properly labeled container

All medications will be stored and dispensed in the designated first aid and medication area. Exceptions must be approved by proper YMCA program leadership in advance.

No child may have prescription or non-prescription drugs in his/her possession while in YMCA care without proper authorization.

Medications not collected by parent on the last day of the program shall be disposed of by YMCA personnel.