



**TOWN OF GREENBURGH**  
**Department of Community Resources**  
**THEODORE D. YOUNG COMMUNITY CENTER**

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**André G. Early**  
*Commissioner*

**Paul J. Feiner**  
*Town Supervisor*

**Terrance V. Jackson**  
*Deputy Commissioner*

**TDYCC Summer Camp**

**Authorization for Administration of Medication**

I.

*To be completed by parent/guardian*

I authorize the TDYCC Summer Camp Nursing Staff to administer the medication referenced below to my child (named below) during camp hours. The medication is to be furnished by me in the original package. All prescription medication(s) will be in the original package with the child's name and name of the medication clearly printed on the label.

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent's Mobile Phone

\_\_\_\_\_  
 Parent's Home Phone

**II. To be completed by health care provider:**

I request that my patient (listed below) receive the following medication:

Name of Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication(s): \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Dosage and Frequency: \_\_\_\_\_

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

Time to be taken during camp hours: \_\_\_\_\_

Duration of Treatment: \_\_\_\_\_

Possible side effects and adverse reactions (if any): \_\_\_\_\_

Other recommendations/activity restrictions: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

