



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

32 Manhattan Avenue ~ White Plains, New York 10607-1329
 (914) 989-3600 (914) 682-2798 Fax
 www.greenburghny.com
 tdycc@greenburghny.com



Terrance V. Jackson
 Commissioner

Paul J. Feiner
 Town Supervisor

David M. Reggina
 Deputy Commissioner

2022 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. 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: _____

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: _____

