



No Medication Provided Form

Camper Name: _____

Parent/Guardian Name: _____

Please initial all statements that apply:

_____ I am aware that while registering I stated that my child will be taking medications at Y Camp. At this time my child does not need any medication during the 2026 camp season, so I have not provided any medications.

_____ I am aware that while registering I stated that my child has a medical condition such as asthma or an allergy that could require emergency medication, but I have chosen not to provide that medication to Y Camp for the 2026 camp season. I have completed an Allergy and Medical Emergency Care Plan.

_____ I am aware that while registering I stated that my child will be taking medications at Y Camp. At this time I am awaiting the doctor's signature on the medication form and have not yet provided medication for the 2026 camp season.

Emergency Instructions (check all that apply):

Call me first. Phone: _____

Call emergency officials first, then contact me. Phone:

Other instructions: _____

Print Name: _____ Date: _____

Signature: _____