



Medication Consent

Name of Child:			
Medication Name:			
Reason for Medication:			
Date Prescribed:		Time of last dose given:	
Time(s) to Administer:		Dosage to Administer:	

The YMCA will not administer over-the-counter medication for the sole purpose of reducing a child's fever, cough or malaise symptoms unless noted by a physician detailing that the condition requires medication. The doctor's note should include:

- Why the medication is required
- Time(s) to administer
- Instructions for administering
- The exact dosage

If your child is school-aged and is going to carry his or her own EPI Pen or Puffer, we also require a physician's note.

Medication must be hand given to a YMCA staff, never to be left in the child's cubby and/or backpack. Staff will then lock all medication up away from the reach of the children.

The section below must be completed by the parent and/or guardian.

Please list any possible side effects (if applicable) *or attach the pharmacy list:

Medication must be stored (please check): Fridge Box Counter Box

All parents and/or guardians must follow the instructions of the YMCA's Medication Procedure, which was given in your Registration Package at the time of registration.

I hereby give my permission for the YMCA staff to administer the above-medication to my child at the time(s) specified above.

Parent/Guardian Name (print): _____ Signature: _____

YMCA Staff Signature: _____ Date: _____





Dispensing Record

Child's Name: _____

As a best practice, to ensure the correct dosage is given, it is highly recommended (where possible) to **have another educator colleague or Supervisor verify your medication measurement and cross reference the amount with the actual prescription bottle or doctor's note**. The second staff (Staff 2) will initial next to the staff lead (Staff 1) who is administering the medication.

Date	Time	Dosage Given & Additional Notes	Staff 1 Initials	Staff 2 Initials

When the above medication form is full, please begin a new form and attach the forms together (if the medication is being continued). Please sign and date the below when medication is no longer required.

Parent/Guardian Signature: _____

Date: _____

YMCA Staff Signature: _____

Date: _____