Authorization to Administer Medication Form

Child’s Name: ________________________________ Site: _______________________

Medication Name: _______________________________________________________

Physician’s Name: _______________________________________________________

Dosage Amount: _________________________________________________________

Circle the day in which medication will be administered:
Monday      Tuesday     Wednesday   Thursday    Friday

What time will the medication be administered? _______________________________

In there anything else in regards to your child’s medication (food to avoid, excessive or lack of eating, certain amount of water or fluids to take with, drossiness, nausea, etc.)?

*I give permission to the Kids’ Time staff to administer medication to my child based on the above information.

Parent’s Name: _________________________________________________________

Parent’s Signature*: ________________________________ Date: ________________

Please Note: In order for YMCA staff to Administer Medication during program hours, this form must be completed and turned in to the Site Coordinator at your respective before &/or afterschool site. An additional form will need to be filled out and turned in for School’s Out Camp Days.