MEDICATION AUTHORIZATION FORM

Complete this authorization form in full. Families registering more than one child will need to complete a **separate authorization form for each child.**

Child's Full Name _____

MEDICATIONS

◯ Child takes routine medications during program hours ◯ Medication requires special storage

Please list all medications taken routinely.

Med #1: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Possible side effects: _____

Food/other medication interactions: _____

Med #2: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Possible side effects: _____

Food/other medication interactions: _____

_____

◯ I have shown staff how to administer an EpiPen, inhaler, diabetic instruments, etc. if applicable.

List any specific activities to be encouraged or limited by physician's advice: _____

_____

_____

AUTHORIZATION

In order to ensure the safety of all children, no medication shall be administered to a child in our care except as prescribed by a licensed physician. The YMCA shall keep written record of the administration of each medication, including the time, date and dosage. Parent/guardian must complete this form and give permission **daily** to administer medication.

Prescription medication must be in the original container with original prescription label affixed. Over the counter medication must be kept in the original packaging with appropriate dosage amount listed on the bottle/box. Any additional dosages must be administered at the appropriate dosage amount written in the instructions on the label and at the appropriate time intervals. If a medicine or treatment is required only in certain circumstances, those symptoms or circumstances need to be typed up by the child's physician and placed with this form. No medication will be given to a child if the expiration date on the bottle has passed.

Parent/guardian must train staff in the appropriate procedures for using EpiPens, inhalers and diabetic instruments or other forms of medication that require special administration. Administration of certain medications/procedures may require approval through our insurance company. All EpiPens, inhalers, and emergency medications are kept with the child's camp counselor. All other medications are kept in a secured box.

I authorize YMCA of Central Kentucky in the administration and/or use of all above listed medication(s) to my child.

_____ _____

Parent/Guardian Signature Date

Full Name

Location

Unit ID

Staff Initials