Name of Program Attending: _____

South Mountain YMCA
Permission to Administer Medication

(Please use one form per medication and return to program site or fax to 973.762.2064)

The following information is to be completed.

Child's Name: _____ DOB: _____ Wt.: _____

Medication: _____ Allergies: _____
Include food and/or medication allergies

Dosage: _____ Route: _____

Time of day medication is to be given: _____

Purpose of medication: _____

Special instructions: _____

Possible side effects: _____

Start Date:_____ End Date: _____

Health Care Provider: _____ Phone: _____
PLEASE PRINT

The following is to be completed by the parent or legal guardian:

I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and precautions, from the Director or designee. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name and dosage. I am also to supply the appropriate measuring device needed to give an accurate dose of the medicine.

I authorize the Director or their designee to contact the pharmacist or Health Care Provider for more information about this drug, if necessary. I also authorize the Director or their designee to contact the health care provider regarding my child's health, if necessary.

I usually do the following to make giving medication to my child easier:

_____

Amount of medication brought to YMCA: _____

_____ _____
Signature of parent or legal guardian *Date*