



## Medication Administration Permission Form

Parent/guardian must complete, sign, and date this form before YMCA staff are able to receive and administer medication. Permission may be given for up to 6 months for chronic medical conditions/allergies and up to 12 months for all other medications.

Permission valid from date:	To date:
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<b>Only complete the shaded box if the medication is for a child who has a chronic medical condition or an allergy.</b>	
This document is written permission to administer this medication for up to 6 months. To extend the life of this form for up to 12 months, the parent/guardian must review the form, make any changes needed, and sign that it was reviewed/updated.	
Specific chronic medical or allergic condition:	<input type="checkbox"/> Medical Action Plan (required)

Child's full name:	Date of birth:
Medication name:	Expiration date:

When to give medication (choose one):
<input type="checkbox"/> Give medication on these specific dates and times:
<input type="checkbox"/> Give medication as needed. List the specific symptoms or circumstances needed to give the medication and how often it can be given.

Dosage (how much medication to give):
Route (how to give the medication):
Special instructions on how to give medication:
Possible reactions or side effects:
<input type="checkbox"/> Child has received at least one dose of medication at home without reactions or side effects (required for all non-emergency medications).

Prescribing physician name:	Phone:
Pharmacy:	Phone:

- I give authorization for YMCA staff to administer medication and to call the prescribing health care professional or pharmacy if needed.
- I understand that I will need to provide new medication and authorization form if medication expires during the program. I also understand that I will need to pick up the medication on the last day of the program.

Parent/guardian name:	
Parent/guardian signature:	Date: