

## Medication Permission Form

(This form is **NOT** necessary for Bug Repellant Lotion or Sun Screen)

**NOTE:** YMCA Program Staff cannot administer medication of any type until this form is completed and signed. For prescription medications, both the parent, or guardian, and the physician must sign (prescription or prescription bottles can serve as the physician's signature). For over-the-counter medications, only the parent or guardian need to sign.

Participant's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NOTE:** Only the parent or guardian's signature is required for authorization for non-prescription, over-the-counter medications; however, physician information should still be completed.

**If medication needs to be administered during the session, the YMCA will retain the medication for the duration of the session and return any unused medication at the end of each session.**

Medication \_\_\_\_\_

Condition for which medication is prescribed \_\_\_\_\_

Possible side effects \_\_\_\_\_

Instructions for use: DOSAGE \_\_\_\_\_

Method of administering (i.e., injection, inhaler, etc.) \_\_\_\_\_

Dates to be administered:

From \_\_\_\_\_ To \_\_\_\_\_ Time to be administered: \_\_\_\_\_

Does medication require refrigeration? YES \_\_\_\_\_ NO \_\_\_\_\_

### (This Part to be filled out by Physician)

I have prescribed the medication listed on the reverse side for the child named and request that dosages needed during YMCA Program hours be administered by Program Staff.

X \_\_\_\_\_

Physician's Signature (For prescriptions NOT in original prescription bottle)

Physician's Business Address \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Pharmacy Phone \_\_\_\_\_

Prescription # \_\_\_\_\_

X \_\_\_\_\_

Parent/Guardian Signature

Date