



# YMCA Fun Company School Age Care

## Permission for Administration of Medication Form

Please complete this form for all medication to be given to your child.



Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Name of Medication \_\_\_\_\_

Prescribed by Whom \_\_\_\_\_ Phone \_\_\_\_\_

Directions of Administration of Dosage \_\_\_\_\_

Times to be administered \_\_\_\_\_

Visible Side Effects to Watch for \_\_\_\_\_

Proper Care of Medication: Refrigerate \_\_\_\_\_ Room Temperature \_\_\_\_\_

I hereby give permission to a staff member of the YMCA Fun Company School-Age Care Program to administer the medication described above beginning today and ending \_\_\_\_\_.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_/\_\_/\_\_

1. Leave medication with administrative staff.
2. All medication must be in original container, labeled with the child's name, medication name & dosage, expiration date current.
3. Medication will be kept locked.
4. Parents must provide proper measuring dispenser.
5. Parents are required to review medication chart daily and initial the form as documentation of this review.

The unused medication was released to \_\_\_\_\_ on \_\_\_\_\_.  
*(parent signature)* *(date)*

Date given:	Medication:	Dose given:	Time given:	Given by:	Side effects:	Parental initial:



