

MEDICATION AUTHORIZATION FORM

Greater Joliet Area YMCA



Child's Name: _____ Age: _____

Physician's Name: _____

I give permission for the Greater Joliet Area YMCA Youth and Family Department program staff to administer the following prescribed medication for a period of _____.

Medication	Dosage	Time to be given
_____	_____	_____
_____	_____	_____
_____	_____	_____

Possible Side Effects _____

I understand that:

- YMCA staff may dispense ONLY MEDICATION WITH A PRESCRIPTION LABEL (you can ask any pharmacist to put a pharmacy label on over the counter medication). Any medication dispensed to a child at the program site must be in its original container with the child's name on it.
- Please note that the YMCA staff are NOT allowed to give the first dosage of any medication. YMCA staff are not permitted to give medication to control or contain fever. If your child refuses medication, we will contact you for further instructions.
- YMCA staff may only dispense medication on this form.

Parent/Guardian Signature _____ Date _____

Site Director's Signature _____ Date _____

TO BE COMPLETED BY YMCA STAFF

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Date					
Time					
Medication					
Dose					
Initials					
<hr/>					
Date					
Time					
Medication					
Dose					
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Date					
Time					
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