



Attach Child Photo (if parent provided)

PARENT AUTHORIZATION FOR MEDICATION FORM
*one form is required for each medication

Name of Child: _____ DOB: _____ Weight: _____

Medication Type: [] Prescription Medication [] Non-Prescription Medication

Medication: _____ Prescription #: _____ Dosage: _____

Time(s) of Day Medication is to be Given: [] Lunch [] Other: _____

When was last dose given to child: _____

Reason for Medication: _____

Special Instructions: _____

Possible Side Effects: _____

Continue Medication Until (date): _____

Doctor Name _____ Doctor's phone # _____

Parent's Primary Phone _____ Parent's Secondary Phone _____

I GIVE PERMISSION FOR YMCA OF METROPOLITAN DALLAS TO ADMINISTER THE ABOVE REFERENCED MEDICATION ACCORDING TO THE INSTRUCTIONS ABOVE TO MY CHILD, WHILE IN THE CARE OF THE YMCA, AS ORDERED BY MY HEALTHCARE PROVIDER.

Parent/Guardian Name: _____ Signature: _____ Date: _____

This Section Completed by YMCA Health Officer RECEIVING MEDICATION CHECKLIST

Prescription Medication

- [] Parent Permission Received (this form)
[] Original prescription label is readable
[] Name and strength of medication on label
[] Medication is not expired
[] Name of child matches intended recipient
[] Health care provider name/contact on container
[] Dispense instructions
[] Storage instructions
[] Child medication log set up

Health Officer Signature

Non-Prescription Medication

- [] Parent Permission Received (this form)
[] Original manufacturer label is readable
[] Name and strength of medication on label
[] Medication is not expired
[] Storage instructions
[] Health care provider written note is provided
[] Dispense instructions
[] Child medication log set up

Health Officer Signature

This Section Completed by YMCA Health Officer DISPOSITION OF LEFT-OVER MEDICATION VERIFICATION

[] Returned to Child's Parent/Guardian [] Thrown Away Date: _____

Health Officer Signature _____ Witness Name/Signature _____