YMCA OF SAN DIEGO COUNTY

CHILD INFO
Name of Child

PERMISSION TO ADMINISTER MEDICATION



Age

OUR MISSION: The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.

Medication must be in original container with the prescription label intact. This medication will be dispensed by YMCA personnel only. We can only dispense medication as is described on the label in writing.

This agreement must be signed before YMCA staff can dispense any medication.

Program Enrolled In	n						
Name of Child's Physician				Physician Phone			
MEDICATION II	NFO						
Name of Medication						Refrigerate? ☐ Yes ☐ No	
Dosage			Time of Day			Number of Days	
PARENT/GUARDIAN CONSENT FOR YMCA STAFF TO ADMINISTER MEDICATION							
I give permission for the YMCA to administer the above medication to my son/daughter							
Parent/Guardian Signature						Date	
YMCA Site Supervisor Signature						Date	
MEDICATION ADMINISTERING RECORD (YMCA USE ONLY)							
Date Given Time Given Given by: Staff Signature							

This form must be kept on file for at least 7 years.