



# Kishwaukee Family YMCA 2019 Day Camp Medication Authorization

## PERMISSION TO DISPENSE MEDICATION

### PARTICIPANT INFORMATION (PLEASE PRINT)

DATE \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

Birthdate \_\_\_\_\_ YMCA Day Camp Site \_\_\_\_\_

**All medication must be in the original packaging with the original prescription label. The Kishwaukee Family YMCA cannot administer OTC medication without a prescription.**

Medication	Given	Need Refrigeration	Dosage	How to Give?	Time of Day	Possible Side Effects?
	<input type="checkbox"/> Daily <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Daily <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Daily <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No				

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ give permission to the Kishwaukee Family YMCA to administer prescription medication to my child. I understand it is my responsibility to give the medication directly to the Day Camp Director or Youth Development Director and in the original prescription containers.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE

\_\_\_ Permission Form completed signed and dated?

\_\_\_ Is Medication in a safety container?

\_\_\_ Is original prescription label on container?

\_\_\_ Is the name of the child on this form match the prescription label?

\_\_\_ Is the date of this prescription current?

### Is the following information from the prescription consistent with the information provided above?

\_\_\_ Medication name?

\_\_\_ Storage instructions?

\_\_\_ Dosage?

\_\_\_ How to Give?

\_\_\_ Frequency?

Medication can only be accepted and administered if all items are initialed by Director.

Director Signature \_\_\_\_\_ Date \_\_\_\_\_