

YMCA of San Diego County Permission to Administer Medication

Name of Child _____ Age _____

Camp enrolled in _____

Name of Medication _____

Child's Physician Name _____ Physician's Phone Number _____

Does medication need to be refrigerated? Yes No

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

AMOUNT	TIME OF DAY	NUMBER OF DAYS

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

Parent/Guardian's 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

Time given:	Date:	Given by: Staff Signature

HW3; HW7; HW 19

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