YMCA OF SAN DIEGO COUNTY

PERMISSION TO ADMINISTER MEDICATION

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.

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Medication must be in original container with the prescription label intact. This medication will be dispensed byYMCA 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.

CHILD INFO

Name of Child	Age
Program Enrolled In	
Name of Child's Physician	Physician Phone

MEDICATION INFO

Name of Medication						Refridgerate? ☐ 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.