



YMCA OF GREATER OKLAHOMA CITY

Authorization to Administer Medication Form

The following guidelines pertain to administering medications during program hours.
Please complete and return one form per child for each medication.

1. Written parent/guardian permission is required to administer medication. Directions are recorded for proper amount or dosage, including time and days medication is to be administered.
2. If a child has a chronic medical problem, the parent may sign a medication authorization for up to a nine-month period for prescribed medication to be administered when symptoms occur. Parents are notified when medication is administered.
3. Prescription medication is not administered unless the medication is part of a prescribed therapeutic treatment.
4. All medication must be provided by the parent in the original container and labeled with the child's full name, date, directions and physician's name (prescription only).
5. Staff administers medication according to the label directions and only to the child for whom it is intended.
6. Each dosage administered is recorded by designated staff and the records are available to parents.
7. All medications are inaccessible to children and stored in a manner that prevents contamination of food.
8. Medication is either returned to the parent or disposed of properly when it is out-of-date or the child has withdrawn from the program.
9. Please understand that it may not always be possible to administer medication as requested. We are not required by law to administer medication and only do so as a service to parents. While we strive to fulfill your requests, we cannot be responsible for missed doses.

Child's First and Last Name: _____ Age: _____ Date of Birth: _____

Name of Medication: _____

Check Box: Prescription Non- Prescription

Reason for Medication (if allergies, please list all known allergies): _____

Method of Medication Administration:

Check Box: Topical Oral Drops Inhale Injection Other _____

Dosage or Amount of Medication (ex: 1tsp): _____

Specific Time(s) Medication is to be administered (ex: 9am): _____

Specific Dates Medication is to be administered (ex: 6/1/19-6/10/19): _____

Possible side effects of Medication: _____

What action should be taken if side effects are noticed: _____

Additional Specific Instructions: _____

Parent/ Guardian Printed Name: _____

Parent/ Guardian Signature: _____ Date: _____