



Inhaler Authorization

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please read information & procedures on reverse side

Part I Parent or Guardian to Complete			
I hereby authorize YMCA Child Care personnel to permit the student identified below to use an inhaler in the program or camp as prescribed. I agree to release, indemnify, and hold harmless YMCA and any of their staff members, or directors from lawsuits, claims, expenses, demands, or actions, etc against them for helping this student use an inhaler, provided YMCA Child Care staff members are following physicians orders in Part II.			
Has the student taken this medication before? Yes <input type="checkbox"/> <input type="checkbox"/> no, the first full dose must be given at home to ensure that the student doesn't have a negative reaction.) First dose was given: Date: _____ Time: _____			
Student Name (Last, First, Middle)			
Date of Birth	School Name	School Year	Grade/Class
No YMCA staff shall administer medication or treatment, unless the Program Director or his or her designee has personally reviewed all the required clearances.			
Parent or Guardian Signature		Daytime Phone Number	Date
Part II Physician to Complete Information should be written in lay language with no abbreviations			
Diagnosis		List Triggers	
Medications		Dosage to be given at YMCA Child Care Center	
Symptoms or activity for which medication is ordered		Time(s) medication is given	
Effective date: <input type="checkbox"/> Current School Year <input type="checkbox"/> From: _____ to _____		Time interval for repeating dosage	
If the student is taking more than one medication, list sequence in which medications are to be taken			
Please list any adverse reactions or side effects.			
Check the appropriate box: I believe this student has received adequate information on how and when to use the inhaler and that he or she can use it properly.			
<input type="checkbox"/> The student is to carry an inhaler during YMCA Summer Camp/Child Care Center hours with the Program Directors knowledge. An additional inhaler, to be used as backup, may be kept in an approved YMCA location.			
<input type="checkbox"/> The inhaler will be kept in an approved YMCA location (specify) _____			
Physicians Name (Print or Type)	Physician Signature	Telephone Number or Fax	Date
Parent or Guardian Name (Print or Type) (Not Required of Physician signs)	Parent or Guardian Signature	Telephone Number	Date
Student Signature (Required if child carries inhaler)	Date		
Part III Child Care Director to Complete			
Check box as appropriate			
<input type="checkbox"/> Parts I & II above are complete and including signature. (It is appropriate if all items in part II are written on the physician's stationary or a prescription pad.)			
<input type="checkbox"/> Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent. (Within one week after expiration of the physician order or on the last day of school.)			
Child Care Director Signature		Date	

Form must be updated yearly. The YMCA Child Care Center calendar runs from 9/1 to 8/30. Updates 10/17/2016

Parent Information about Inhaler Procedures

1. Nonessential medication will not be permitted in the YMCA Summer Camp/Child Care program(s). Any medication taken in YMCA Child Care Center must have the parent or guardian –signed authorization and physician order if required by regulation.
2. The parent or guardian is responsible for obtaining the physician’s statement in Part II.
3. A physician may use office stationary or a prescription pad in lieu of completing Part II. Include the following information written in lay language with no abbreviations:
 - Name of student
 - Date of birth
 - Reason for medication or diagnosis
 - Name of medication
 - Exact dosage to be taken
 - Time to take medication and frequency or exact time interval dosage is to be administered
 - If medication is given on an as needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again. (“Repeat as necessary” is unacceptable.)
 - Symptoms, other medications the student is taking
 - Statement that the student may self-administer
 - Physician’s signature
 - Date
4. Physician samples must be appropriately labeled by the physician to include information requested in item 3 above.
5. The parent or guardian is responsible for submitting a new form to the YMCA Summer Camp/Child Care Center at the time of registration or the start of the program and each time there is a change in the dosage or in the time at which the medication is taken. The first dose of any new medication shall be given at home.
6. Inhaler must be hand delivered to the Program Director or Staff by the parent or guardian unless approved for the student to carry during the YMCA Child Care program hours.
7. Medication kept at the YMCA will be stored in a locked area only accessible to authorized personnel unless approved for the student to carry during the program hours. If a student carries his or her own inhaler, a backup may be kept in the clinic.
8. Within one week after expiration of the effective date on the physician order, or on the last day of the program, the parent or guardian must personally collect any unused portion of the medication(s) unless the student has been authorized to carry them. Medications not claimed within that period will be destroyed.
9. In no case may any YMCA Child Care staff member administer any medication outside the framework of the procedures outlined here and /or in YMCA Child Care Program regulations.
10. **Form must be updated yearly. The YMCA Child Care Center calendar runs from 9/1 to 8/30.**