



Prescription & Non-Prescription Medication Authorization

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Release and Indemnification Agreement

Please read information & procedures on reverse side

Part I Parent or Guardian to Complete			
I hereby request YMCA Child Care personnel to administer medication as directed by this authorization. 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 medication, provided YMCA Child Care staff members comply with the physician, parent or guardian orders set forth in accordance with the provision of Part II below. I have read the procedures outlined on the back of this form and assure responsibility as required.			
Has the student taken this medication before? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, the first full dose must be given at home to ensure that the student doesn't 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 Parent or Guardian to complete and sign for over-the-counter medications for relief of symptoms for headache, muscle ache, orthodontic pain, or menstrual cramps and for antibiotics and antiviral medication. Physicians must complete and sign for all other medications.			
The YMCA discourages the use of medication by students in the program/camp during the day. Any necessary medication that possibly can be taken before or after the program/camp should be so prescribed. Inject able medications are not administered in the program/camp except in specific emergency situations. YMCA staff will, when it is absolutely necessary, administer medication during the program and while participating in programs, camps, or field trips and situations according to the procedures outlined on the back of this form. Information should be written in lay language with no abbreviations.			
Diagnosis			
Medications			
If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.			
Dosage to be given at the YMCA Child Care Center (e.g. mg, ml, or cc)		Time(s) or interval between times to be given	
Effective date: <input type="checkbox"/> Current School Year <input type="checkbox"/> From: _____ to _____		If the student is taking more than one medication, list sequence in which medications are to be taken:	
Please list any adverse reactions/side effects.			
_____ Physicians Name (Print or Type)		_____ Physician Signature	
_____ Parent or Guardian Name (Print or Type) (Not Required if Physician signs)		_____ Parent or Guardian Signature	
_____ Telephone Number or Fax		_____ Date	
_____ Telephone Number		_____ 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.

Updated October 7, 2018

Parent Information about Medication Procedures

1. Medications should be taken at home whenever possible. Any medication taken in a YMCA Child Care Program must have a parent or guardian-signed authorization: some medications also require physician's orders. Medication must be turned in at your YMCA Summer Camp/Child Care Program desk prior to the start of the day. **The parent or guardian must transport medication to and from site.**
2. No medication will be accepted by YMCA Summer Camp/Child Care personnel without receipt of completed and appropriate medication forms. **Form must be updated yearly. The YMCA Summer Camp/Child Care Center calendar runs from 9/1 to 8/30.**
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, (e.g. milligrams per tablet, milligrams per ml/cc) as applicable, Time to take medication to be administered and frequency or exact time interval dosage, Sequence in which the medications should be taken in cases where more than one medication is prescribed, 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.), Duration of medication order or effective dates, Physician's signature and Date.
4. All prescription medications, including physician's prescription drug samples, must be in their original containers and labeled by a physician or pharmacist. An over-the-counter medication must be in the original container with the name of the medication visible. The parent or guardian must label the original container with the following:
 - Name of student
 - Exact dosage to be taken in school (e.g. milligram tablet, milligrams per ml/cc)
 - Frequency or time interval dosage is to be administered
5. **The first dose of any medication must be given at home.**
6. 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.
7. Medication will be stored in a locked area accessible only to authorized personnel.
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. Medications not claimed within that period will be destroyed.
9. Medication can be given no more than one half hour before or after the prescribed time.
10. YMCA of Metropolitan Washington Summer Camp/Child Care programs do not assume responsibility for authorized medication taken independently by the student.
11. In no case may any YMCA Summer Camp/Child Care Center staff or member administer any medication outside the framework of the procedures outlined here.

MEDICATION LOG

COMPLETE FOR ALL DOSES GIVEN						COMPLETE WHEN SIDE EFFECTS ARE NOTED		COMPLETE FOR 'AS NEEDED' MED. ONLY	
Date	Medication	Dose	Route	Time	Administered By <small>(sign and print name)</small>	Any noted side effects	Parents Notified?	<small>The symptoms the child had that indicated that the medication was needed</small>	Parents Notified?
				AM <input type="checkbox"/> PM <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
				AM <input type="checkbox"/> PM <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
				AM <input type="checkbox"/> PM <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
				AM <input type="checkbox"/> PM <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
				AM <input type="checkbox"/> PM <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
				AM <input type="checkbox"/> PM <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
				AM <input type="checkbox"/> PM <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
				AM <input type="checkbox"/> PM <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>