



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Medication Authorization Form

No medication shall be given by YMCA Staff without the signed permission of the parent or legal guardian and the completion of a Medication Authorization Form. All medication must be in the original container with the child’s name, name of the physician, medication name, and medication directions written on the label.

Non-prescription medication brought in by the parent or legal guardian can only be dispensed if there is written authorization from the parent or legal guardian to do so. Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

Child’s Name: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time(s): \_\_\_\_\_ Begin and End Date: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

**Prior to YMCA accepting a prescription bottle, YMCA Staff and Parent must measure and record the contents provided within the bottle. Parents and YMCA Staff must sign off on the receiving dosage.**

**\*A new form must be completed, EVERY TIME more medication is given.**

Date Received: \_\_\_\_\_

Medication: \_\_\_\_\_ Daily Dosage: \_\_\_\_\_

Measurement of the contents within the provided bottle: \_\_\_\_\_

This authorization form must be maintained and is only valid for the duration of prescription. I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

\_\_\_\_\_  
Parent / Guardian Signature      Date

\_\_\_\_\_  
YMCA Staff Signature      Date



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## RECORD OF MEDICINE GIVEN:

Date	Time	Dosage	Staff Signature