Medication Form

Please complete one form per medication to be administered.

Please select program: ☐ Before & After School ☐ Camp ☐ Giant Step ☐ Meadowood

Student's Name _____ Birthday _____

Name of Medication _____ Expiration Date _____

(Medication must match name on prescription bottle)

Reason for medication _____

Route of administration (oral, eye, nose, or throat drops; topical); _____

Dosage _____ ☐ Daily ☐ As Needed

(If non-prescription medication, dosage cannot exceed recommended age allowances as stated on container)

Special Instructions _____

How many times per day _____ Time of Day _____

Start Date _____ End Date _____

Name of prescribing physician _____ Phone Number _____

Pharmacy _____ Phone Number _____

Please list any allergies to other medications: _____

_____

MEDICAL RELEASE: I hereby give my permission for the YMCA to administer the above medication to my child as directed.

Parent / Guardian Signature _____ Date _____

ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER.

Review of Medication:

Initials:										
Date:										

Medication returned to: _____ Date: _____ Staff: _____

Childs Name _____ **Medication** _____

Initials	Time	Date	January		February		March		April		May		June		July		August		September		October		November		December	
Initials	Time	1																								
Initials	Time	2																								
Initials	Time	3																								
Initials	Time	4																								
Initials	Time	5																								
Initials	Time	6																								
Initials	Time	7																								
Initials	Time	8																								
Initials	Time	9																								
Initials	Time	10																								
Initials	Time	11																								
Initials	Time	12																								
Initials	Time	13																								
Initials	Time	14																								
Initials	Time	15																								
Initials	Time	16																								
Initials	Time	17																								
Initials	Time	18																								
Initials	Time	19																								
Initials	Time	20																								
Initials	Time	21																								
Initials	Time	22																								
Initials	Time	23																								
Initials	Time	24																								
Initials	Time	25																								
Initials	Time	26																								
Initials	Time	27																								
Initials	Time	28																								
Initials	Time	29																								
Initials	Time	30																								
Initials	Time	31																								

CODES:	
√	Med Administered
A	Absent
ED	Early Dismissal
N	No Med Available

Staff Initials **Staff Signature**

1) _____ _____

2) _____ _____

3) _____ _____

4) _____ _____

5) _____ _____

6) _____ _____