



CONSENT TO ADMINISTER MEDICATION

I authorize the administration of _____ to
_____ by the supervisor or staff designated by the
supervisor.

I, the parent or legal guardian or the above named child, shall notify the YMCA-YWCA in writing if there is a cancellation or change to this medication. I further give permission for designated YMCA-YWCA personnel or its agents to administer the above medication to my child, or for my child to self-administer, if applicable.

This form shall also permit designated YMCA-YWCA personnel or its agents to share and request relevant health information regarding the administration of this medication.

I acknowledge that medications are NOT given by licensed medical personnel, and that a physician-patient relationship is not formed as a result of this Consent.

I agree that the YMCA-YWCA and its agents who are acting within the scope of their duties shall be held harmless in any and all claims or actions arising from the administration of the above noted medication.

DATE: _____ PARENT SIGNATURE: _____

DATE OF PURCHASE: _____ DATE OF EXPIRY: _____

START DATE: _____ END DATE: _____

REASON GIVEN: _____ DOSAGE: _____

TO BE GIVEN AT THE FOLLOWING TIMES: _____

REFRIGERATE: YES _____ NO _____

SIDE EFFECTS TO LOOK FOR: _____

STOP MEDICATION IF THE FOLLOWING REACTION(S) OCCUR: _____

PRESCRIBING PHYSICIANS NAME: _____

OFFICE PHONE NUMBER: _____

SUPERVISOR/DESIGNATE AUTHORIZATION: _____

(RECORD OF ADMINISTRATION TO BE COMPLETED ON BACK BY DESIGNATED STAFF)

