



**YMCA - YWCA of  
Guelph**

## Medication Consent Form 2017

I authorize the administration of {name of medication} \_\_\_\_\_ to {child's name} \_\_\_\_\_ by the Day Camp Supervisor or Day Camp Coordinator designated by the Supervisor of Day Camps.

I, the parent or legal guardian of the above named child, shall notify The YMCA-YWCA of Guelph 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 of Guelph 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: \_\_\_\_\_

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

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

To be given at the following time(s): \_\_\_\_\_

Refrigerate: YES \_\_\_\_\_ NO \_\_\_\_\_

Side effects to look for: \_\_\_\_\_  
\_\_\_\_\_

Stop medication if the following side effects occur: \_\_\_\_\_  
\_\_\_\_\_

Prescribing physician's name and phone number: \_\_\_\_\_

