



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Authorization to Administer Medication Form

Child's Name: \_\_\_\_\_ Site: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

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

Circle the day in which medication will be administered:

Monday      Tuesday      Wednesday      Thursday      Friday

What time will the medication be administered? \_\_\_\_\_

In there anything else in regards to your child's medication (food to avoid, excessive or lack of eating, certain amount of water or fluids to take with, drossiness, nausea, etc.)?

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\*I give permission to the Kids' Time staff to administer medication to my child based on the above information.

Parent's Name: \_\_\_\_\_

Parent's Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note: In order for YMCA staff to Administer Medication during program hours, this form must be completed and turned in to the Site Coordinator at your respective before &/or afterschool site. An additional form will need to be filled out and turned in for School's Out Camp Days.**