

Medication Authorization Form

YMCA of Springfield

Medicine must be in the original container and include a label. All prescriptions must be current, and staff must follow the instructions as listed on the label. Medication and records will be kept, locked, on program site with medication schedule.

I hereby authorize the YMCA to administer the following medication:

Child's Name: _____ Child's Date of Birth: _____

Medication Name: _____

Medication Dosage: _____

When to Administer: _____

YMCA Program Site: _____

Parent Name: _____ Parent Signature: _____

Date Signed: _____ Staff Member who Received: _____

[illegible]