



HUNTERDON COUNTY YMCA

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

Staff may administer medication to students ONLY with prior consent from parent or guardian. This applies to both prescription and non-prescription medications. **All medications must be in original containers.** Prescription medications must be labeled with child's name, the name of the medication, the date it was prescribed, and directions for its administration. All medications should be given directly to staff, along with this form for safe storage.

Please complete this form and return to staff with medication.

I _____ (name of parent/guardian) authorize and instruct
YMCA Staff to administer _____ (name of meds) for
_____ (problem/illness/symptoms,
to my child _____ (name of child).

Time/Times of day to be administered: _____

Amount of medication to be given: _____

Date meds start: _____

Date meds end: _____

Signature of Parent/Guardian: _____

Date: _____