YMCA MEDICATION FORM

Child's Name _____

Parent/Guardian Name _____

Medication _____ Prescribed or Over the Counter

Reason for Medication _____

Dosage _____ Method of Dosage _____

Time(s) to be given _____ a.m. p.m.

Date from _____ to _____

Parent's signature _____ Date _____

*The YMCA must have an updated form for each program and each medication needed during program hours.

Date	Time Given	Dosage Given	Staff Giving	Comments