LAST NAME _____

YMCA OF SOUTHWEST ILLINOIS

MEDICATION AUTHORIZATION FORM 2011

Prescription medication shall be in the original container and labeled with the prescription #, prescription name, strength & quanitity of the prescription, the child's name, Date of original issue or with refill (most recent date), name & address of licensed pharmacy issuing the medication, directions for use including times and amount for dosages, and the physician's name. Only medication that is prescribed and in original pharmacy containers will be allowed to be given.

I authorize camp personnel to administer the following medication to my child:

Child's Name	Nickname	
Address	City	Zip
Birthdate: ___/___/_____	Home Phone:	Cell Phone:
Date medication taken from:		Until:
Dosage:	Time(s):	
Possible side effects:		
Parent or Guardian Signature:		Date:

RECORD OF ADMINISTRATION

STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME

Rev. 01/11