



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Medication Authorization Form

For Prescription and Non-prescription (OTC) Medication

INSTRUCTIONS:

- Section A & C must be completed by the parent/guardian for ALL medication being authorized.
- Section B must be completed by a physician for any medication authorizations. This includes non-prescription medications.
- Each medication needs a separate authorization form. Multiple medications cannot be listed on one form.
- If diagnosed with asthma a inhaler with chamber and mask along with a separate action plan must accompany this document
- If a EpiPen is prescribed, a separate action plan must accompany this document
- If the end date documented by the physician expires before school is out for the year, a new authorization form will be required.

SECTION A: To be completed by parent/guardian

Child's first and last name
Child's known allergies

SECTION B: To be completed by child's physician

I, _____ order the medication listed to be administered.		
Name of medication		Strength
Dosage	Times to be given	Frequency
Reason the child is taking this medication (unless confidential by law)		
Describe any additional training, procedures or competencies the child's program staff will need to know.		
This authorization is effective from: _____ until _____ (start date) (end date)		
Physician's signature		
Date:	Physician's phone number:	

SECTION C: To be completed by parent/guardian

I, _____ authorize <u>Staunton-Augusta YMCA Youth Programs</u> to administer this medication as (parent's name) (program name) specified in this medication form.	
Parent' signature	Date

