



YMCA OF METROPOLITAN CHICAGO

PERMISSION TO DISPENSE MEDICATION

PARTICIPANT INFORMATION (PLEASE PRINT)				
First Name:	Preferred Name:	M.I.:	Last Name:	
Address:	City:	State:	Zip	
Email:	Birthdate:	YMCA Center/Site:		

PHYSICIAN INFORMATION (PLEASE PRINT)	
Physician's Name:	Physician's Phone Number:

MEDICATIONS				
All medication must be provided in the original packaging and with the original prescription label. For non-prescription medications, a doctor's note with the medication name, correct dosage, and dosing instructions must be included.				
MEDICATION	DOSAGE	HOW TO GIVE?	TIME OF DAY	POSSIBLE SIDE EFFECTS
GIVEN Daily As Needed	NEEDS REFRIGERATION? Yes No			
MEDICATION	DOSAGE	HOW TO GIVE?	TIME OF DAY	POSSIBLE SIDE EFFECTS
GIVEN Daily As Needed	NEEDS REFRIGERATION? Yes No			
MEDICATION	DOSAGE	HOW TO GIVE?	TIME OF DAY	POSSIBLE SIDE EFFECTS
GIVEN Daily As Needed	NEEDS REFRIGERATION? Yes No			

I, _____ the parent/guardian of _____ give permission to the staff of the YMCA of Metropolitan Chicago ("YMCA") to administer medication to my child. I understand it is my responsibility to give the medication directly to the Program Director and in the original prescription containers.

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give permission to the YMCA to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered. I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the YMCA administering medication to my minor child, I on behalf of myself, my child and each of our heirs, successors, assigns, and personal representatives, do hereby fully release and discharge the YMCA its directors, officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication.

I further agree to indemnify, hold harmless and defend the YMCA, its directors, officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication. The YMCA is not responsible for any medicine that remains after the completion of the program.

Parent/Guardian Signature:	Date: _____ / _____ / _____
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