



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Metro Chicago
PERMISSION TO DISPENSE MEDICATION

PARTICIPANT INFORMATION PLEASE PRINT

Date _____

First _____ Preferred Name _____ M.I. ____ Last _____

Birthdate ____ / ____ / ____ YMCA Center/Site: _____

All medication must be provided in the original packaging and with the original prescription label.

Medication	Given	Needs Refrigeration?	Dosage	How to Give?	Time of Day	Possible side effects
	<input type="checkbox"/> Daily <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Daily <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Daily <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No				

I, _____ the parent/guardian of _____ give permission to the staff of the YMCA of Metropolitan Chicago ("Metro 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 Metro 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 Metro 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 Metro 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 Metro 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 Metro YMCA is not responsible for any medicine that remains after the completion of the program.

Parent/Guardian Signature _____ Date _____

OFFICE USE

- Is the permission form completed, signed, and dated? Yes No
- Is the medication in a safety container? Yes No
- Is the original prescription label on the medication container? Yes No
- Is the name of the child on this form the same as the name on the prescription label? Yes No
- Is the date of this prescription current (within the month for antibiotics and within the expiration date for medications which are so labeled; within the year otherwise) Yes No

Is the following information from the prescription label consistent with the information provided above?

- Medication Name Yes No
- Storage Instruction Yes No
- Dosage Yes No
- How to Give Yes No
- Frequency Yes No

Medication can be administered only if "YES" is answered to all questions above.

Staff Signature _____

Date _____