

Wenatchee Valley YMCA
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Wenatchee, WA 98807
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MEDICATION AUTHORIZATION AND ADMINISTRATION RELEASE

In order for your child to have any medications, prescribed or over-the-counter, administered while under the care of the Wenatchee Valley YMCA, a Medication Authorization and Administration Release must be signed by both the Parent/Guardian and the prescribing Physician. Please be aware that all medications must be brought in their original packaging. The packaging will have the prescribing physician (if applicable), the formal name of the medication, the recommended dosage, and the frequency of administration printed on it.

Physician's Instructions for Medications

Please Complete the Following:

Child's Name: _____ Parent/Guardian Name: _____

Comments or specific instructions: _____

Please list all medications (including over-the-counter medications like Tylenol) taken routinely.

Medication #1: _____ Dosage: _____

Specific Days to be taken: _____ Time of Day to be taken: _____

Reason for taking the medication: _____

Medication #2: _____ Dosage: _____

Specific Days to be taken: _____ Time of Day to be taken: _____

Reason for taking the medication: _____

Medication #3: _____ Dosage: _____

Specific Days to be taken: _____ Time of Day to be taken: _____

Reason for taking the medication: _____

I authorize the above medication to be given to my child by a Wenatchee Valley YMCA Staff and/or Camp Nurse. I understand that my child cannot transport medication to the childcare site. Medications must be dropped off by the parent/guardian at the YMCA Day Camp or YMCA Resident Camp site.

Parent/Guardian Signature

Date

NP or MD Signature

Date

YMCA Staff cannot change medication dosages or make other changes to the prescription without the parent/guardian and physician having completed a new Medication Authorization and Administration Release.