



YMCA OF SUPERIOR CALIFORNIA Medication Disbursement Authorization

1. Medication must be given directly to Director or Head Teacher.
2. Over the counter medication must be brought in the original container with an unaltered legible label. Please label with your child's first and last name.
 - a. At no time can a staff person give more then what is written on label unless directed with a doctor's note.
 - b. Medication must be given directly to Director or Head Teacher.
3. Doctor prescribed medication must have current prescription label containing the following information:
 - a. Child's first and last name
 - b. Name of medication
 - c. Dosage
 - d. Expatriation date
4. Clear instructions must be provided below and not conflict with the instructions on over the counter or doctor prescribed medication label.
5. All prescription and nonprescription medications shall be centrally stored in accordance with the requirements specified below:
 - a. Medications shall be kept in safe place inaccessible to children.
 - b. Each container shall have an unaltered label.
 - c. A refrigerator shall be used to store any medication that requires refrigeration.
6. Prescription medication may be administered if all the following conditions are met:
 - a. Prescription medications shall be administered in accordance with the label directions as prescribed by the child's physician.
 - b. For each prescription medication, the licensee shall obtain, in writing, approval and instructions from chid's authorized representative.

Medication Administration Form

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Child's Full Name: _____ **Date:** _____

Medication: _____ **Expiration Date:** _____

Amount to be taken: _____ **Time(s) to be administered:** _____ **AM** **PM** **OTHER:** _____

Special Instructions: _____

Start Date: _____ **End Date:** _____

I have read and undertand the Medication Disbursement Policy and authorize the YMCA of Superior California to give my child the above medication during said times.

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

FOR STAFF USE ONLY:

I have verified medication label, expatriation date and amount to be taken and created a medication log.

Staff Signature: _____ **Date:** _____

Print Name: _____