

YWCA

MEDICATION RELEASE

CHILD'S NAME: _____ **DATE:** _____

PHYSICIAN'S NAME: _____

NAME OF MEDICATION(S): _____

PLEASE GIVE THE ABOVE MEDICATION(S) AS DIRECTED BELOW:

AMOUNT: _____ **TIME:** _____

NUMBER OF DAYS: _____ **NUMBER OF DOSES:** _____

I, the undersigned, give Y's Kids authorization to administer the prescribed medication as stated above.

PARENT OR GUARDIAN: _____ **DATE:** _____

DATE	MEDICATION	AMOUNT	TIME GIVEN	INITIAL OF STAFF (SIGNED WHEN GIVEN)

All non-prescription and prescription medications require a written parental authorization. Each prescription shall be clearly labeled with the child's name, physician's name, name of medication, dosage and time medication is to be given. Non-prescription medications shall be in original container and labeled with the child's name. For long-term medication, do not send more than one month's supply.

THIS AUTHORIZATION IS VALID FOR UP TO A MAXIMUM OF 30 DAYS.

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