



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA of San Diego County: Medication Release

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Site Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

Child's Physician Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Does medication need to be refrigerated? \_\_\_ Yes \_\_\_ No

Medication must be in original container with the prescription label still intact. This medication will be dispensed by YMCA personnel only. We can only dispense medication as is described on the label in writing from the child's physician.

AMOUNT	TIME OF DAY	NUMBER OF DAYS

This agreement must be signed before YMCA staff can dispense any medication.

Parent/Guardian's consent for YMCA staff to administer medication:

I give permission for the YMCA to administer the above medication to my son/daughter.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
YMCA Staff Signature Date

Time given:	Date:	Given by: Staff Signature