CAMPANELLI YMCA
MEDICATION DISPENSING AUTHORIZATION FORM
KASPER 2018-19 PROGRAM

This form MUST be completed for all medication or when medication changes.

BACKGROUND INFORMATION:

Participant's Name:____ Age:___________ Date:________________

Address:____ City:_____________________ State:_____ Zip:________

Parent's/Guardian's Name(s):____

Daytime Phone:____________________________________ Other Phone:___________________________________

Program Name:____

Doctor's Name:____________________________________ Phone:_______________________________________

MEDICATION INFORMATION:

Medication Name:___________________________________ Exp. Date:____________ Today's Date:_______________

Quantity Supplied:__________________ Dose:_______________________ Time:______________________________

Dispensing and Storage Instructions:____

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I understand that it is my responsibility to give the medication directly to program staff with full instructions in an unopened individual dosage containers, unopened non-prescription medication containers, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the YMCA if any changes in the dispensing of medication change.

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission 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.

Parent/Guardian Signature:____ **Date:**________________

RETURNING MEDICATION TO FAMILY:

Date Returned:_______________________ YMCA Staff Signature:____________________________________

Parent/Guardian Signature:____