YMCA of Hamilton/Burlington/Brantford

ADMINISTRATION OF MEDICATIONS PERMISSION FORM

Staff can administer medication to a child only when the parent/guardian has submitted this form completed and signed.
All medications must be in the original container. If your child requires an inhaler – the top part of the form will permit staff to administer the inhaler on a set schedule or at the child's request. If you wish your child to carry the inhaler or epi-pen on their person or self-administer, the second portion of this form with an attached written procedure is required.
If your child requires an epi-pen please also complete the epi-pen information form.

Name of child: _____ Name of medication: _____

Medication type (i.e. inhaler, antibiotics): _____ Reason for medication: _____

Prescription number: _____ Date prescribed: _____ Expiry date: _____

Date to start administering in program: _____ Stop date: _____

Dosage to be administered: _____ Time(s) to administer: _____

Additional Instructions for:

Storage: _____ Possible side effects: _____

Administration instructions: _____

Stop administration if the following reactions are observed: _____

Name of Parent/Guardian Completing: _____

Parent/ Guardian Signature: _____ Date: _____

Complete this section if you require your child to self-carry or self-administer their inhaler or epi-pen. Please note, if you answer "yes" please attach a written procedure which has been established by a legally qualified medical practitioner.

The above named child is allowed to: ☐ self carry their epi-pen/inhaler (Where will the epi-pen/inhaler be kept? _____)

☐ self-administer their inhaler or epi-pen

The section below is for office use only to record when the medication named above was administered.

Date	Time Given	Amount Given	Staff Signature	Date	Time Given	Amount Given	Staff Signature