



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Authorization to Administer Medication

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

a. Dosage to be given: \_\_\_\_\_

b. Dates that medication is to be given: \_\_\_\_\_

c. Time to be Administered: \_\_\_\_\_

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

a. Dosage to be given: \_\_\_\_\_

b. Dates that medication is to be given: \_\_\_\_\_

c. Time to be Administered: \_\_\_\_\_

I hereby give permission for my child to be given medication while participating in programs with the YMCA of Greater Charlotte. I understand that all medications need to be provided to the YMCA in the original prescription bottle, and will not be accepted in a plastic bag or other container.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_