



Prescription & Non-Prescription Medication Authorization Release and Indemnification Agreement

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please read information & procedures on reverse side

Part I Parent/Guardian to Complete

I hereby request YMCA Summer Camp personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless the YMCA and any of their staff, members, or directors from lawsuits, claims, expenses, demands, or actions, etc. against them for helping this student use medication, provided YMCA Summer Camp staff members comply with the physician, parent, or guardian orders set forth in accordance with the provision of Part II below. I have read the procedures outlined on the back of this form and assure responsibility as required.

Has the student taken this medication before? Yes (the first full dose must be given at home to ensure that the student doesn't have a negative reaction)
First dose was given: _____ (date) _____ (time)

Student Name (Last, First, Middle) _____

Date of Birth	School Name	School Year	Grade/Class
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No YMCA staff shall administer medication or treatment, unless the Program Director or his/her designee has personally reviewed all the required clearances

Parents or Guardian Signature _____ Daytime Phone # _____ Date _____

Part II Parent or Guardian to complete and sign for over-the-counter medications for relief of symptoms for headache, muscle ache, orthodontic pain, or menstrual cramps and for antibiotics and antiviral medication. Physicians must complete and sign for all other medications.

The YMCA discourages the use of medication by students in the program/camp during the day. Any necessary medication that possibly can be taken before or after the program/camp should be so prescribed. Injectable medications are not administered in the program/camp except in specific emergency situations. YMCA staff will, when it is absolutely necessary, administer medication during the program and while participating in programs, camps, or field trips and situations according to the procedures outlined on the back of this form. Information should be written in lay language with no abbreviations.

Diagnosis _____

Medications _____

If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

Dosage to be given at the YMCA Summer Camp (e.g. mg, ml, or cc)	Time(s) or interval between times to be given
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Effective Date From: _____ to _____
If the student is taking more than one medication, list sequence in which medications are to be taken

Please list any adverse reactions/side effects.

Physicians Name (Print/Type)	Physician Signature	Telephone # or Fax	Date
Parent/Guardian (Print/Type)	Parent/Guardian Signature	Telephone #	Date

*Parent/Guardian not required if Physician signs

Part III Program Director to Complete

Check box as appropriate

Parts I & II above are complete and including signature. (It is appropriate if all items in part II are written on the physicians stationary or a prescription pad.)

Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent. (Within one week after expiration of the physician order or on the last day of camp.)

_____ Program Coordinator/Director Signature _____ Date _____

*****Form must be updated yearly. The YMCA Summer Camp calendar runs from 6/4/18-8/24/18**

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. Medications should be taken at home whenever possible. Any medication taken in a YMCA program must have a parent or guardian signed authorization: some medications also require physicians orders. Medication must be turned in to your YMCA Summer Camp Coordinator prior to the start of the day. **The parent or guardian must transport medication to and from site.**
2. No medication will be accepted by YMCA Summer Camp personnel without receipt of completed and appropriate medication forms. **Form must be updated yearly. The YMCA Summer Camp calendar runs from 6/4/18-8/24/18**
3. A physician may use office stationary or a prescription pad in lieu of completing part II. Include the following information written in lay language with no abbreviations.
 - Name of student
 - Date of birth
 - Reason for medication or diagnosis
 - Name of medication
 - Exact dosage to be taken, (e.g. milligrams per tablet, milligrams per ml/cc) as applicable
 - Time to take medication, time to be administered and frequency or exact time interval dosage
 - Sequence in which the medications should be taken in cases where more than one medication is prescribed
 - If medication is given on an as needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again. ("repeat as necessary" is unacceptable.)
 - Duration of medication order or effective dates
 - Physician's signature
 - Date
4. All prescription medications, including physician's prescription drug samples, must be in their original containers and labeled by a physician or pharmacist. An over-the-counter medication must be in the original container with the name of the medication visible. The parent or guardian must label the original container with the following:
 - Name of student
 - Exact dosage to be taken in camp (e.g. milligram tablet, milligrams per ml/cc)
 - Frequency or time interval dosage is to be administered
5. **The first dosage of any medication must be given at home.**
6. The parent or guardian is responsible for submitting a new form to the YMCA Summer Camp at the time of registration or the start of the program
7. Medication will be stored in a locked area accessible only to authorized personnel
8. Within one week after expiration of the effective date on the physician order, or on the last day of the program, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.
9. Medication can be given no more than one half hour before or after the prescribed time.
10. St. Cloud Area Family YMCA Summer Camp does not assume responsibility for authorized medication taken independently by the student .
11. In no case may any YMCA Summer Camp staff or member administer any medication outside the framework of the procedures outlined here.