



**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: _____