



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MEDICATION CONSENT FORM

Child's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Phone: \_\_\_\_\_

**Emergency Contacts:**

Name/Relationship

Phone Number(s)

1. \_\_\_\_\_

a) \_\_\_\_\_

b) \_\_\_\_\_

2. \_\_\_\_\_

a) \_\_\_\_\_

b) \_\_\_\_\_

All nonprescription and prescription medications require a written parental authorization. Each prescription shall be clearly labeled with the child's name, physician's name, name of medication, dosage and time medication is to be given. The child must be on a prescription medication for at least 24 hours before attending Y-CLUB. Y-CLUB staff will not administer the first dosage of any medication to the child. Non-prescription medications shall be in the original container and labeled with the child's name. For long-term medication, do not send more than one month's supply.

I give my permission for Y-CLUB to give the following medications to my child (please include food allergy medication):

#1

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

Reason for Medication: \_\_\_\_\_

Amount to be given: \_\_\_\_\_ Dates to be given: From: \_\_\_\_\_ To: \_\_\_\_\_  
dd/mm/yyyy dd/mm/yyyy

To be given:  Daily  As Needed

Method of administration: \_\_\_\_\_

#2

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

Reason for Medication: \_\_\_\_\_

Amount to be given: \_\_\_\_\_ Dates to be given: From: \_\_\_\_\_ To: \_\_\_\_\_  
dd/mm/yyyy dd/mm/yyyy

To be given:  Daily  As Needed

Method of administration: \_\_\_\_\_

#3

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

Reason for Medication: \_\_\_\_\_

Amount to be given: \_\_\_\_\_ Dates to be given: From: \_\_\_\_\_ To: \_\_\_\_\_  
dd/mm/yyyy dd/mm/yyyy

To be given:  Daily  As Needed

Method of administration: \_\_\_\_\_

I (we) the undersigned, give Y-CLUB authorization to administer the prescription/nonprescription medication in the amount and method stated above.

\_\_\_\_\_  
Parent(s) or Guardian Signature

\_\_\_\_\_  
Date

