



## REQUEST FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

Non-prescription medication will not be administered unless written instructions are received and signed by a doctor. Staff reserves the right to refuse to administer medication should they not feel they have adequate training. They must do so before the child is left in their care for the day. Please speak to the Program Coordinator for further clarification.

Date: \_\_\_\_\_ Centre: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

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1) Conditions which make the medication as indicated below necessary: \_\_\_\_\_

\_\_\_\_\_

2) Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

3) Time Range/Frequency: \_\_\_\_\_ (please specify eg. twice per day, 3:30pm)

4) To be given with: \_\_\_\_\_ (food or liquid)

5) Date to start: \_\_\_\_\_ Date to give last dose: \_\_\_\_\_

6) Additional comments: (possible reactions, etc.) \_\_\_\_\_

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I hereby give my permission for the staff of the \_\_\_\_\_ YMCA Child Care Centre to administer the above medication in the dosage and the time requested, as stated above. I accept the responsibility of supplying the correct drug in the original prescription container and I agree to submit a new consent form if there is any change in medication prescribed.

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

**To Be Completed By Staff Administering Medication**

<b>Time Given</b>	<b>Date</b>	<b>Dosage</b>	<b>Staff Signature</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Note: One form per prescription or refill. Completed form is filed in child's file.