

PERMISSION TO GIVE MEDICINE

The Greater Morristown YMCA staff member shall administer medications for children only when requested by the prescribing physician. Each container shall be childproof and carry the name of the medication, the name of the person for whom it was prescribed, the name of the prescribing physician, and the physician's instructions. Each child's medication shall be stored in its original container. No medication shall be transferred between containers. This is in compliance with State and Federal Law.

CHILD'S NAME _____

PRESCRIPTION NAME & NUMBER _____

PHARMACY NAME _____

PHYSICIAN'S NAME _____ PHONE _____

DESCRIPTION OF MEDICATION (i.e. yellow capsules) _____

CONDITIONS REQUIRING MEDICATION _____

AMOUNT TO BE TAKEN _____ TIME OF DAY GIVEN _____

PRECAUTIONS / ADVERSE REACTIONS _____

DATE TO BE DISCONTINUED _____

SIGNATURE OF PARENT _____

TODAY'S DATE _____

			<u>MEDICATION GIVEN</u>		
<u>DATE</u>	<u>TIME</u>	<u>BY</u>	<u>DATE</u>	<u>TIME</u>	<u>BY</u>
1.	_____	_____	15.	_____	_____
2.	_____	_____	16.	_____	_____
3.	_____	_____	17.	_____	_____
4.	_____	_____	18.	_____	_____
5.	_____	_____	19.	_____	_____
6.	_____	_____	20.	_____	_____
7.	_____	_____	21.	_____	_____
8.	_____	_____	22.	_____	_____
9.	_____	_____	23.	_____	_____
10.	_____	_____	24.	_____	_____
11.	_____	_____	25.	_____	_____
12.	_____	_____	26.	_____	_____
13.	_____	_____	27.	_____	_____
14.	_____	_____	28.	_____	_____
15.	_____	_____	30.	_____	_____