

YMCA of Geelong Authority to Give Medication Form

I _____ hereby give permission to qualified staff at the YMCA GEELONG SCHOOL HOLIDAY PROGRAM to administer to
(parent/guardian name)
 my child _____ the following medication for the duration of the program commencing _____ (or as specified) :
(child's name)

Name of Medication:	Prescribed by: <small>(Name of Doctor if applicable)</small>	Reason for Medication:	Dosage to be administered:	Method of administration <small>(eg. consume orally with water, with food, injection, etc.)</small>

DATE of Last Dosage <small>by authorized person – parent/guardian</small>	TIME of Last Dosage <small>by authorized person – parent/guardian</small>	DATE <small>staff are required to administer medication</small>	TIME/S at which medication is to be given to child <small>(If AS NEEDED please list conditions under which child would need medication)</small>	Method of administration <small>(eg. consume orally with water, with food, injection, etc.)</small>

Parent/Guardian Signature _____ Date ____/____/____

**YMCA of Geelong
Authority to Give Medication Form**

STAFF USE ONLY

Date		Time	
Name of Medication		Dosage given and manner in which administered	
Administered By (PRINT)		Administered By (SIGN)	
Witnessed By (PRINT)		Witnessed By (SIGN)	

Date		Time	
Name of Medication		Dosage given and manner in which administered	
Administered By (PRINT)		Administered By (SIGN)	
Witnessed By (PRINT)		Witnessed By (SIGN)	

Date		Time	
Name of Medication		Dosage given and manner in which administered	
Administered By (PRINT)		Administered By (SIGN)	
Witnessed By (PRINT)		Witnessed By (SIGN)	

Date		Time	
Name of Medication		Dosage given and manner in which administered	
Administered By (PRINT)		Administered By (SIGN)	
Witnessed By (PRINT)		Witnessed By (SIGN)	

Date		Time	
Name of Medication		Dosage given and manner in which administered	
Administered By (PRINT)		Administered By (SIGN)	
Witnessed By (PRINT)		Witnessed By (SIGN)	