

Southington-Cheshire Community YMCAs

Authorization for the Administration of Medications by YMCA Personnel

Connecticut State Law and Regulations require an authorized prescriber's (physician, dentist, advanced practice registered nurse and physician assistant) written order, and parent or guardian's authorization, for a nurse, director, teacher, or staff member to administer medications. Over the counter medication must be in the original container and labeled with the child's name. Prescription medication must be in the original pharmacy prepared container with a safety cap, labeled with the name of the child, name of the drug, strength, dosage and frequency for administration, and have the authorized prescriber's name and date of original prescription.

ORDER OF AN AUTHORIZED PRESCRIBER

Name of Child: _____ DOB: _____

Street: _____ Town: _____ Zip: _____

Drug: _____ Dosage of Drug: _____

Method of Administration: _____ Time of Administration: _____

Special Instructions for Medication Administration _____

Medication shall be administered from _____ to _____

(date)

(date)

Relevant side effects to observe if any:

If there are any side effects, plan for management:

Allergies to food or drugs? If yes, please list: _____

Is this a controlled drug? _____

Is this medication to be self-administered by the child? YES NO

Is his/her inhaler to be self-administered by the child? YES NO

Authorized Prescriber's Information (please print)

Name: _____ Phone: _____

Address: _____

Signature: _____ Date _____

Authorization by parent/guardian of the administration of the above medication:

I request that the above medication, ordered by an authorized prescriber for my child be administered by a YMCA staff member appropriately trained in administering medication and/or a regulated injection medication (i.e. EpiPen). I understand that I must supply the YMCA with the medication in the original container dispensed and properly labeled by a physician or pharmacist. Over the counter medication shall be in the original container labeled by me with my child's name. I understand that I must give my child the first dose of this medication. I understand that this medication will be destroyed if it is not picked up within two weeks of the termination order.

I give my child permission to self-administer his/her inhaler? YES NO

Name: _____ Signature: _____

Relationship to Child: _____ Phone # _____

Street Address: _____ Town: _____ Zip: _____

