



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# PERMISSION TO ADMINISTER MEDICATION

The YMCA of Greater Grand Rapids Child Development Center staff has permission to administer the following medication to my child according to the instructions. This medication is in the original container. I have provided a syringe or measuring spoon for staff to use in administering the medication.

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

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

Prescription       Over the Counter

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

Dosage Amount \_\_\_\_\_

Time(s) of the day to be given: \_\_\_\_\_

Last dose given at \_\_\_\_\_

Medication to be given until this date \_\_\_\_\_

Medication to be refrigerated?    Yes       No

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Medication Given

Date	Time	Staff

Date	Time	Staff