

Family YMCA of Black Hawk County
Medical Administration Form

It is preferable that medication not be administered within the YMCA Programs. When possible, parents and physicians should adjust medication schedules so that the program staff are not responsible for administration. We recognize that this is not always possible and we will agree to administer any medication as follows:

- Written orders by a physician must be on file in order to administer any medication
- Parent/legal guardian must sign the liability release.
- Child shall be monitored on the medication for 24 hours each time medication is prescribed before the program staff administers medication.
- Children who need medication administered for extended time periods, or that have special health concerns will be required to complete additional paperwork.

All information in this section must be completed legibly by a physician (if prescribed):	

<i>Name of child</i>	

<i>Name of Medication to be administered by YMCA Staff</i>	

<i>Time of Day and/or Frequency Medication is to be administered</i>	

<i>Duration of Medication (Dates)</i>	

<i>Any known allergies</i>	

<i>Physicians Signature</i>	<i>Date of Order</i>

You fax this form to 319-232-4109 or it may be emailed to the current Youth Development Director.

Parental Consent/Waiver/Release and Indemnification

I hereby give consent for the YMCA staff to administer medication to my child as directed above by the physician. I agree to indemnify and hold harmless the YMCA from any losses, expense, damage, claim, suit or judgment arising out of or resulting from administration of medication to my child. As the parent/legal guardian, I agree to assume all risk associated with administration of medication including inadequacy or failure of staff and I also assure the said medication is safe for my child.

(Print) Parent Name

Signature

Date