



Prescription & Non-Prescription Medication Authorization

Release and Indemnification Agreement

Please read information & procedures on reverse side

Part I Parentor Guardian to Complete			
I hereby request YMCA Child Care personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless YMCA and any of their staff members, or directors from lawsuits, claims, expenses, demands, or actions, etc. against them for helping this student use medication, provided YMCA Child Care staff members comply with the physician, parent or guardian orders set forth in accordance with the provision of Part II below. I have read the procedures outlined on the back of this form and assure responsibility as required.			
Has the student taken this medication before? Yes _____ (If no, the first full dose must be given at home to ensure that the student doesn't a negative reaction.) First dose was given: Date: _____ Time: _____			
Student Name (Last, First, Middle) _____			
Date of Birth	School Name	School Year	Grade/Class
No YMCA staff shall administer medication or treatment, unless the Program Director or his or her designee has personally reviewed all the required clearances. _____ _____			
Parent or Guardian Signature		Daytime Phone Number	Date
Part II Parent or Guardian to complete and sign for over-the-counter medications for relief of symptoms for headache, muscle ache, orthodontic pain, or menstrual cramps and for antibiotics and antiviral medication. Physicians must complete and sign for all other medications.			
The YMCA discourages the use of medication by students in the program/camp during the day. Any necessary medication that possible can be taken before or after the program/camp should be so prescribed. Inject able medications are not administered in the program/camp except in specific emergency situations. YMCA staff will, when it is absolutely necessary, administer medication during the program and while participating in programs, camps, or field trips and situations according to the procedures outlined on the back of this form. Information should be written in lay language with no abbreviations.			
Diagnosis _____			
Medications _____			
If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.			
Dosage to be given at the YMCA Child Care Center (e.g. mg, ml, or cc)		Time(s) or interval between times to be given	
Effective date: <input type="checkbox"/> Current School Year <input type="checkbox"/> From: _____ to _____		If the student is taking more than one medication, list sequence in which medications are to be taken:	
Parent or Guardian Name (Print or Type) _____		Parent or Guardian Signature _____	
Telephone Number _____		Date _____	
Part III Child Care Director to Complete			
Check box as appropriate			
<input type="checkbox"/> Parts I & II above are complete and including signature. (It is appropriate if all items in part II are written on the physician's stationary or a prescription pad.)			
<input type="checkbox"/> Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent. (Within one week after expiration of the physician order or on the last day of school.)			
Child Care Director Signature _____		Date _____	

Form must be updated yearly. The YMCA Child Care Center calendar runs from 9/1 to 8/30

Parent Information about Medication Procedures

1. Medications should be taken at home whenever possible. Any medication taken in a YMCA Child Care Program must have a parent or guardian-signed authorization: some medications also require physician's orders. Medication must be turned in at your YMCA Child Care Program desk prior to the start of the day. **The parent or guardian must transport medication to and from site.**
2. No medication will be accepted by YMCA Child Care personnel without receipt of completed and appropriate medication forms. Form must be updated yearly. The YMCA Child Care Center calendar runs from 9/1 to 8/30.
3. A physician may use office stationary or a prescription pad in lieu of completing Part II. Include the following information written in lay language with no abbreviations:
 - Name of student
 - Date of birth
 - Reason for medication or diagnosis
 - Name of medication
 - Exact dosage to be taken, (e.g. milligrams per tablet, milligrams per ml/cc) as applicable
 - Time to take medication to be administered and frequency or exact time interval dosage
 - Sequence in which the medications should be taken in cases where more than one medication is prescribed
 - If medication is given on an as needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again. ("repeat as necessary" is unacceptable.)
 - Duration of medication order or effective dates
 - Physician's signature
 - Date
4. All prescription medications, including physician's prescription drug samples, must be in their original containers and labeled by a physician or pharmacist. An over-the-counter medication must be in the original container with the name of the medication visible. The parent or guardian must label the original container with the following:
 - Name of student
 - Exact dosage to be taken in school (e.g. milligram tablet, milligrams per ml/cc)
 - Frequency or time interval dosage to be administered
5. **The first dose of any medication must be given at home.**
6. The parent or guardian is responsible for submitting a new form to the YMCA Child Care Center at the time of registration or the start of the program.
7. Medication will be stored in a locked area accessible only to authorized personnel.
8. Within one week after expiration of the effective date on the physician order, or on the last day of the program, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.
9. Medication can be given no more than one half hour before or after the prescribed time.
10. YMCA Fairfax County Child Care programs do not assume responsibility for authorized medication taken independently by the student.
11. In no case may any YMCA Child Care Center staff or member administer any medication outside the framework of the procedures outlined here.



Epinephrine Authorization

Please read information & procedures on reverse side

Part I Parentor Guardian to Complete			
<p>I hereby authorize YMCA Child Care personnel to administer epinephrine injection (s) as directed by the physician (part II). I agree to release, indemnify, and hold harmless YMCA and any of their staff members, or directors from lawsuits, claims, expenses, demands, or actions, etc against them for administering the injection, provided they follow the physician's order (part II). I am aware that the injection may be administered by a specifically trained non health professional. I have read the procedures outlined on the back of this form and assume responsibility as required.</p> <p>I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis.</p>			
<p>Student Name (Last, First, Middle) _____</p>			
Date of Birth	School Name	School Year	Grade/Class
<p>No YMCA staff shall administer medication or treatment, unless the Program Director or his or her designee has personally reviewed all the required clearances.</p>			
<p>_____ Parent or Guardian Signature</p>		<p>_____ Daytime Phone Number</p>	<p>_____ Date</p>
Part II Physician to Complete			
<p>Emergency injections are administered by non-health professionals. These persons are trained by a certified VA medical administer trainer to administer the injection. For this reason, only premeasured doses of epinephrine my be given. It should be noted that these staff members are not trained observers. They cannot observe for the development of symptoms before administering the injection.</p> <p>The following injection will be given immediately after report of exposure to: _____ (Indicate Specific allergens)</p> <p>Route of exposure: <input type="checkbox"/> Ingestion <input type="checkbox"/> in contact <input type="checkbox"/> In action <input type="checkbox"/> In sting or bite</p> <p>Check the appropriate boxes:</p> <p><input type="checkbox"/> Give the premeasured dose of 0.3mg epinephrine 1:1,000 aqueous solution (0.3cc) by auto injection. <input type="checkbox"/> Repeat dose in 15 minutes if EMS has not arrived. (two premeasured doses will be needed in school age.) <input type="checkbox"/> Give the premeasured dose of 0.15mg epinephrine 1:2,000 aqueous solution (0.3cc) by auto injection. <input type="checkbox"/> Repeat dose in 15 minutes if EMS has not arrived. (two premeasured does will be needed in school age.)</p> <p>Check the appropriate box:</p> <p>I believe that this student has received adequate information on how and when to use epinephrine.</p> <p><input type="checkbox"/> The student is to carry an epinephrine auto injector during the school age/summer camp program with the director's knowledge. The student can use the epinephrine auto injector properly in an emergency. One additional dose to be used as backup, should be kept in another YMCA location. <input type="checkbox"/> The epinephrine auto injector will be kept in the YMCA school age room or following program approved location: _____</p> <p>Effective Date: _____ Current School Year : _____ to _____</p>			
<p>_____ Physicians Name (Print or Type)</p>		<p>_____ Physician Signature</p>	
<p>_____ Telephone Number or Fax</p>		<p>_____ Date</p>	
<p>_____ Parent or Guardian Name (Print or Type)</p>		<p>_____ Parent or Guardian Signature</p>	
<p>_____ Telephone Number</p>		<p>_____ Date</p>	
<p>_____ Students Signature (Required if child carries epinephrine)</p>		<p>_____ Date</p>	
Part III Child Care Director to Complete			
<p>Check box as appropriate</p> <p><input type="checkbox"/> Parts I & II above are complete and including signature. (It is appropriate if all items in part II are written on the physician's stationary or a prescription pad.) <input type="checkbox"/> Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent. (Within one week after expiration of the physician order or on the last day of school.)</p>			
<p>_____ Child Care Director Signature</p>		<p>_____ Date</p>	

Form must be updated yearly. The YMCA Child Care Center calendar runs from 9/1 to 8/30

PARENT INFORMATION ABOUT EPINEPHRINE PROCEDURES

1. Epinephrine may be given in school, during school-sponsored activities, or at a YMCA Child Care Program only with both physician and parent or guardian-signed authorization.
2. This form must be on file in the clinic or in another approved location. The parent or guardian is responsible for obtaining the physician's statement in part II. For a student who attends a YMCA Child Care Program, a copy of the medication form must be on file with the YMCA Child Care Program.
3. A new form must be submitted to the school each school year and whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be injected.
4. A physician may use office stationery or a prescription pad in lieu of completing part II. Information necessary includes:
 - Name of student
 - Specific allergen for which epinephrine is being prescribed
 - Route of exposure (e.g., ingestion, skin contact, inhalation, or insect sting or bite)
 - Brand name of medication
 - Amount of premeasured epinephrine
 - Time for repeated dose if deemed necessary
 - Duration of medication order and effective dates
 - Physician signature
 - Date
5. Only premeasured doses of epinephrine may be given by FCPS, FCHD, and YMCA Child Care Program staff members.
6. Medication must be properly labeled by a pharmacist. If a physician orders include a repeat of EpiPen or Twinject injection for a student who carries his or her own, then the parent or guardian must supply the school with two EpiPens or Twinjects. Expiration date must be clearly indicated.
7. Epinephrine must be hand-delivered to the school clinic by the parent or guardian unless approved for the student to carry during school and SACC/Preschool hours.
8. Unless the student has been authorized to carry epinephrine, the parent or guardian is to collect any unused epinephrine within one week after the end of expiration of the order or on the last day of school. Epinephrine not claimed within that period shall be destroyed.
9. Form must be updated yearly. The YMCA Child Care calendar runs from 9/1 to 8/30.



Inhaler Authorization

Please read information & procedures on reverse side

Part I Parent or Guardian to Complete			
I hereby authorize YMCA Child Care personnel to permit the student identified below to use an inhaler in the program or camp as prescribed. I agree to release, indemnify, and hold harmless YMCA and any of their staff members, or directors from lawsuits, claims, expenses, demands, or actions, etc against them for helping this student use an inhaler, provided YMCA Child Care staff members are following physicians orders in Part II.			
Has the student taken this medication before? Yes <input type="checkbox"/> <input type="checkbox"/> no, the first full dose must be given at home to ensure that the student doesn't a negative reaction.) First dose was given: Date: _____ Time: _____			
Student Name (Last, First, Middle) _____			
Date of Birth	School Name	School Year	Grade/Class
No YMCA staff shall administer medication or treatment, unless the Program Director or his or her designee has personally reviewed all the required clearances.			
Parent or Guardian Signature _____		Daytime Phone Number _____	Date _____
Part II Physician to Complete Information should be written in lay language with no abbreviations			
Diagnosis		List Triggers	
Medications		Dosage to be given at YMCA Child Care Center	
Symptoms or activity for which medication is ordered		Time(s) medication is given	
Effective date: Current School Year from: _____ to _____		Time interval for repeating dosage	
If the student is taking more than one medication, list sequence in which medications are to be taken			
Check the appropriate box: <input type="checkbox"/> I believe this student has received adequate information on how and when to use the inhaler and that he or she can use it properly. <input type="checkbox"/> The student is to carry an inhaler during YMCA Child Care Center hours with the programs Directors knowledge. An additional inhaler, to be used as backup, may be kept in an approved YMCA location. The inhaler will be kept in an approved YMCA location (specify) _____			
Physicians Name (Print or Type) _____		Physician Signature _____	
Telephone Number or Fax _____		Date _____	
Parent or Guardian Name (Print or Type) _____		Parent or Guardian Signature _____	
Telephone Number _____		Date _____	
Students Signature (Required if child carries Inhaler) _____		Date _____	
Part III Child Care Director to Complete			
Check box as appropriate <input type="checkbox"/> Parts I & II above are complete and including signature. (It is appropriate if all items in part II are written on the physician's stationary or a prescription pad.) <input type="checkbox"/> Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent. (Within one week after expiration of the physician order or on the last day of school.)			
Child Care Director Signature _____		Date _____	

Form must be updated yearly. The YMCA Child Care Center calendar runs from 9/1 to 8/30

Parent Information about Inhaler Procedures

1. Nonessential medication will not be permitted in the YMCA Child Care program(s). Any medication taken in YMCA Child Care Center must have the parent or guardian –signed authorization and physician order if required by regulation.
2. The parent or guardian is responsible for obtaining the physician’s statement in Part II.
3. A physician may use office stationary or a prescription pad in lieu of completing Part II. Include the following information written in lay language with no abbreviations:
 - Name of student
 - Date of birth
 - Reason for medication or diagnosis
 - Name of medication
 - Exact dosage to be taken
 - Time to take medication and frequency or exact time interval dosage is to be administered
 - If medication is given on an as needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again. (“Repeat as necessary” is unacceptable.)
 - Symptoms, other medications the student is taking
 - Statement that the student may self-administer
 - Physician’s signature
 - Date
4. Physician samples must be appropriately labeled by the physician to include information requested in item 3 above.
5. The parent or guardian is responsible for submitting a new form to the YMCA Child Care Center at the time of registration or the start of the program and each time there is a change in the dosage or in the time at which the medication is taken. The first dose of any new medication shall be given at home.
6. Inhaler must be hand delivered to the Program Director or Staff by the parent or guardian unless approved for the student to carry during the YMCA Child Care program hours.
7. Medication kept at the YMCA will be stored in a locked area only accessible to authorized personnel unless approved for the student to carry during the program hours. If a student carries his or her own inhaler, a backup may be kept in the clinic.
8. Within one week after expiration of the effective date on the physician order, or on the last day of the program, the parent or guardian must personally collect any unused portion of the medication(s) unless the student has been authorized to carry them. Medications not claimed within that period will be destroyed.
9. In no case may any YMCA Child Care staff member administer any medication outside the framework of the procedures outlined here and /or in YMCA Child Care Program regulations.



Medical Ointment & Sunscreen Authorization

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Release and Indemnification Agreement

Part I Parent or Guardian to complete and sign for over-the-counter medications: chap stick, lotion, diaper cream, sunscreen, etc.

I hereby request YMCA Child Care personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless YMCA and any of their staff members, or directors from lawsuits, claims, expenses, demands, or actions, etc against them for helping this student use medication, provided YMCA Child Care staff members comply with the physician, parent or guardian orders set forth in accordance with the provision of Part II below. I have read the procedures outlined on the back of this form and assure responsibility as required.

Child's Full Name (printed)

Medications (sunscreen, lotion, diaper cream, chap stick, etc.)

If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

Dosage to be given at the YMCA Child Care Center (e.g. mg, ml, or cc)

Time(s) or interval between times to be given

Parent or Guardian Name (Print or Type)

Parent or Guardian Signature

Telephone Number

Date

Form must be updated yearly. The YMCA Child Care Center calendar runs from 9/1 to 8/30.
Parent Information about Medication Procedures

1. Medications should be taken at home whenever possible. Any medication taken in a YMCA Child Care Program must have a parent or guardian-signed authorization: some medications also require physician's orders. Medication must be turned in at your YMCA Child Care Program's desk prior to the start of the day. **The parent or guardian must transport medication to and from site.**
2. No medication will be accepted by YMCA Child Care personnel without receipt of completed and appropriate medication forms. Form must be updated yearly. The YMCA Child Care Center calendar runs from 9/1 to 8/30.
3. **The first dose of any medication must be given at home.**
4. The parent or guardian is responsible for submitting a new form to the YMCA Child Care Center at the time of registration or the start of the program.
5. Medication will be stored in a locked area accessible only to authorized personnel.
6. YMCA Fairfax County Child Care programs do not assume responsibility for authorized medication taken independently by the student.
7. In no case may any YMCA Child Care Center staff or member administer any medication outside the framework of the procedures outlined here.
8. All medications should be in original containers, with directions, expiration date, and child's name clearly marked.