FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Permission to Dispense Medication

All medication must be:

*** In its original container

*** Prescribed for the child receiving the medication

*** Prescription must be current

- Refrigeration is available for those medications needing to be kept cold.
- Additional forms are available at YMCA.

_____
(Name of Parent/Guardian)

_____
Today's Date

The staff of the Ann Arbor YMCA has my permission to dispense the following medication to my child:

_____
Child's Name

_____
Prescription # / Name of Medication

_____
Physician

_____
Times to Be Dispensed

_____
Dates to Be Given

_____
Signature of Parent/Guardian

OFFICE USE ONLY

Times Given:	Date:	Dispensed By:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____