



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

**YMCA OF MONTCLAIR
 PRESCRIPTION MEDICATION AUTHORIZATION AND INSTRUCTION**

All medication must be supplied in the original prescription container/packaging with the prescription label on it indicating the child’s name, date, medication, and dosage. The prescription must be current and the name of the drug/procedure, dose, and schedule on the label must be the same as instructions given below. Two epi-pens are required for anaphylactic allergies. This form **MUST** be signed by your child’s physician.

Child’s Name:		Grade:
Date of Birth:	Program:	
Physician’s Name:	Physician’s Phone:	
Parent/Guardian 1 :		
Name:	Cell:	Work:
Parent/Guardian 2 :		
Name:	Cell:	Work:
I hereby authorize the administration of medication to my child.		
Parent/Guardian Name:	Parent/Guardian Signature:	Date:
Name of medication:		
Reason child is taking medication:		
Amount to be administered:		
Time(s) to be administered:		
If medication is to be given “AS NEEDED,” describe indications:		
Comments:		
Authorized Prescriber		
Prescriber’s Name (Please print):		
Licensed Authorized Prescriber’s Signature:		
Phone:	Date:	