

**MEDICATION AUTHORIZATION AND ADMINISTRATION RELEASE**

In order for your child to bring any medications, prescribed or over-the-counter, to have administered while under the care of the Wenatchee Valley YMCA, a Medication Authorization and Administration Release must be signed by both the Parent/Guardian and the prescribing Physician. Please be aware that all medications must be brought in their original packaging. The packaging will have the prescribing physician (if applicable), the formal name of the medication, the recommended dosage, and the frequency of administration printed on it.

This form must be completed and submitted 3 weeks prior to program start date for processing. Contact the Y's registrar directly for medications prescribed less than 3 weeks of the program's start date.

**Physician's Instructions for Medications**

Please Complete the Following:

Child's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Comments or specific instructions: \_\_\_\_\_

\_\_\_\_\_

**Please list all medications** (including over-the-counter medications like Tylenol) taken routinely.

**Medication #1:** \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific Days to be taken: \_\_\_\_\_ Time of Day to be taken: \_\_\_\_\_

Reason for taking the medication: \_\_\_\_\_

**Medication #2:** \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific Days to be taken: \_\_\_\_\_ Time of Day to be taken: \_\_\_\_\_

Reason for taking the medication: \_\_\_\_\_

**Medication #3:** \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific Days to be taken: \_\_\_\_\_ Time of Day to be taken: \_\_\_\_\_

Reason for taking the medication: \_\_\_\_\_

I authorize the above medication to be given to my child by a Wenatchee Valley YMCA Staff and/or Camp Nurse. I understand that my child cannot transport medication to the program site. Medications must be dropped off by the parent/guardian at the Y Day Camp or Y Resident Camp site.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
NP or MD Signature

\_\_\_\_\_  
Date

Y Staff cannot change medication dosages or make other changes to the prescription without the parent/guardian and physician having completed a new Medication Authorization and Administration Release.

**Mail: 217 Orondo Ave, Wenatchee, WA 98801**  
**Email: Registrar@wenymca.org**

**Fax: 509.662.8532**