



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

MEDICATION FORM MEDICATION DISPENSEMENT: INSTRUCTIONS / RELEASE OF LIABILITY & WAIVER

Camper's Name _____ Date _____

Please note that if you are sending your child with any medication (prescription and/or over-the-counter), you must be sure that the packaging specifies the name of your child, name of medicine, and dosage. In addition to you (as parent) giving permission for the YMCA to dispense an epi-pen medication for your child, it will be required that a physician provide written authorization for the YMCA to dispense epi-pen medication in addition to a description of the correct dosage to be given to your child. The Gaston County Family YMCA staff do have training in CPR and First Aid, however they are not licensed to disperse medicine. For the safety of all children, all medicines are collected and dispensed as needed according to the dosage prescribed. The exception is for inhalers or epi-pen kits that will either stay in the child's possession and/or be carried by a YMCA staff member.

Sign and complete below to allow the YMCA to dispense medicine to your child.

Note: This medication form needs to be completed by the parent in addition to listing the medications on the child's Health Form. Please include any pain medications such as Tylenol, Advil, etc.

1. Are there any changes in the camper's physical or emotional condition since the medical form was completed?
Yes / No (If "yes" please explain.)

2. Has the camper been exposed to any communicable diseases in the last two weeks? (e.g. head lice, chicken pox, measles)? Yes / No (If "yes" please explain.)

What medications is the camper currently taking:

Name of Medicine	Dosage Admin. Instructions (times to be given)	Purpose

EPI-PEN RELEASE OF LIABILITY AND WAVIER.

I give my permission for an epi-pen injection to be given to our child in the event symptoms appear that would indicate an allergic reaction, by a YMCA staff member. I understand and agree that, in consideration for my child's participation in this program, I waive, release and forever discharge the Gaston County Family YMCA, its officers, agents, employees, affiliates, representatives, volunteers, executors, successors and assigns, and all others from any and all responsibilities or liability for injuries, including death, or damages. I have read this release and give my permission for the YMCA to utilize an epi-pen for my child as prescribed by a physician.

Child's Name _____

Parent's Signature _____

Date _____

FOR YMCA OFFICE USE ONLY

Received By _____

YMCA Child Care Director _____