



ATHENS-MCMINN FAMILY YMCA

Medication Authorization Form

Child's Name:	Date of Birth/Age:
Name of Medication:	Reason for Medication:
Start Date:	Stop Date:
Times to be given: (*Can NOT be given "as needed")	Amount to be given:
Possible Side Effects:	Method of administration: ☐ Oral ☐ Topical ☐ Other
☐ Above information consistent with label?	Method of Storage: Requires Refrigeration:
Take emergency procedures when:	
Special Instructions:	

Parent/Guardian Name

Parent/Guardian Signature

Date

Physician Signature

Date

Physician Phone Number



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Medication Record

(For Staff Use: must be filled out by the person who gives the medication)

Child's Name:
Name of Medication:

Date	Time	Dosage	Initials	Reason NOT Given	Side Effects Observed

Initials and signatures of persons giving medication:

_____	_____
_____	_____
_____	_____