YMCA We build strong PEOPLE strong FAMILIES strong COMMUNITIES

YMCA Geelong
Authority to Administer Medication Form

I _____ hereby give permission to qualified staff at the YMCA GEELONG SCHOOL HOLIDAY PROGRAM to administer to
(parent/guardian name)

my child _____ the following medication for the duration of the program commencing _____ (or as specified) :
(child's name)

Name of Medication:	Medication expiry date & staff signature of confirmation	Prescribed by: (Name of Doctor if applicable)	Reason for Medication:	Dosage to be administered:	Method of administration (eg. consume orally with water, with food, injection, etc.)

DATE of Last Dosage by authorised person – parent/guardian (approximate if unknown)	TIME of Last Dosage by authorsed person – parent/guardian (approximate if unknown)	DATE(S) staff are required to administer medication - if attending several days please list	TIME/S at which medication is to be given to child (If AS NEEDED please list conditions under which child would need medication)	Method of administration (eg. consume orally with water, with food, injection, etc.)

Parent/Guardian Signature _____ Date _____/_____/_____

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STAFF USE ONLY

Date		Time	
Name of Medication		Dosage given and manner in which administered	
Administered By (PRINT)		Administered By (SIGN)	
Witnessed By (PRINT)		Witnessed By (SIGN)	

Date		Time	
Name of Medication		Dosage given and manner in which administered	
Administered By (PRINT)		Administered By (SIGN)	
Witnessed By (PRINT)		Witnessed By (SIGN)	

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Witnessed By (PRINT)		Witnessed By (SIGN)	

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Date		Time	
Name of Medication		Dosage given and manner in which administered	
Administered By (PRINT)		Administered By (SIGN)	
Witnessed By (PRINT)		Witnessed By (SIGN)	