

## YMCA GEELONG

### Authority to Administer Medication Form

CHILDS FULL NAME:							
MEDICATION INFORMATION							
NAME OF MEDICATION	MEDICATION EXPIRY DATE	PRESCRIBED BY (Name of Doctor if applicable)	REASON FOR MEDICATION	DOSAGE TO BE ADMINISTERED	TIME MEDICATION REQUIRED	METHOD OF ADMINISTRATION (Eg. consume orally with water, with food, injection, etc.)	IS THE MEDICATION IN THE ORIGINAL PACKAGING WITH A PHARMACY STICKER
Parent/Guardian Complete:	Parent/Guardian Complete:	Parent/Guardian Complete:	Parent/Guardian Complete:	Parent/Guardian Complete:	Parent/Guardian Complete:	Parent/Guardian Complete:	
	YMCA Responsible Person sign & date once confirmed:						YMCA Responsible Person sign & date once confirmed:

INFORMATION REGARDING LAST DOSAGE				
DATE OF LAST DOSAGE By authorized person – parent/guardian (approximate if unknown)	TIME of Last Dosage by authorized person – parent/guardian (approximate if unknown)	TIME OF LAST DOSAGE By authorized person – parent/guardian (approximate if unknown)	TIMES WHEN MEDICATION IS REQUIRED DURING THE SCHOOL HOLIDAYS (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 Complete:	Parent/Guardian Complete:	Parent/Guardian Complete:	Parent/Guardian Complete:	Parent/Guardian Complete:

I (parent/guardian) \_\_\_\_\_ hereby give permission to educators at the YMCA GEELONG SCHOOL HOLIDAY PROGRAM to administer to my child \_\_\_\_\_ the above medication during the **December 2025 & January 2025** School Holiday Program.

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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	
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Administered By (PRINT)		Administered By (SIGN)	
Witnessed By (PRINT)		Witnessed By (SIGN)	

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