2026-2027 MEDICATION AUTHORIZATION

Y-Kids Before & After School Care

Fully complete and return this form to the Member Service Desk

Only prescription medication (no over-the-counter medication) will be administered during program hours. If your child requires medication while attending the program, a **Medication Authorization Form** must be completed.

This form also provides space for staff to document each administration.

Parents must hand all medications directly to a staff member—**do not send medication with your child.** All medications will be stored in a locked medicine box, and children are not permitted to keep medication in their possession.

PRESCRIPTION MEDICINE MUST BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES AND THE PHYSICIAN'S NAME

Child's Personal Information – One Child Per Form

Child's Name	Gender	Age	Birthday (MM/DD/YYYY)

Home Address	Home Telephone	Guardian with whom Child Resides

Date Medication Taken From (MM/DD/YYYY) – To (MM/DD/YYYY)	

Dosage	Administrations Time(s)

Possible Side Effects

Parent/Guardian Signature: _____	Date: _____

Record of Administration

Staff Name	Date	Medication Name	Dosage	Time

For Staff Use Only: Date Received _____/_____/_____ Initials _____