

Authorization to Administer Medication

Dear Parent or Guardian

Your written permission is required to administer medication and medical procedures to your child. Any prescriptions sent to the child care facility must be in its original container and must be clearly labeled with your child's name, the name of the drug, and directions for administering the drug. **A new authorization form is needed each week.** If it is absolutely necessary for your child to be given medication while at the facility, please complete the following information.

Child's Name & Date of Birth _____

Prescription Number _____

Name of Medication _____

Amount of Medication to be given at each dosage _____

Instructions (How to give or apply, such as give by mouth, apply to skin, inhale, drops in eyes, etc.)

Time of last dosage given at home _____

Time(s) of dosage(s) to be given at child care facility _____

Please give my child the above named medication at the time(s) and in the amount(s) indicated _____

Parent/Guardian Signature

To be completed by licensee/staff/care giver

Date Given	Time Given	Signature of Administrator

Waiver and Release of Liability Administer and Use of Epi-Pen

By signing below I, _____, agree to Waive and Release of any and all liability for the _____ YMCA and the YMCA of Greater Birmingham (hereafter referred to as the YMCA) in the administration and use of the Epi-Pen. I agree to forever release and discharge the YMCA and its' directors, officers, employees and volunteers from any and all liability, claims, actions, rights of actions, damages, and expenses, including attorney expenses, arising out of or resulting from any injury, disease, or death in the use, failure to use or the administration of the epi-pen.

By signing this agreement, I have read and understand the terms of this agreement.

Signature