YMCA We build strong PEOPLE strong FAMILIES strong COMMUNITIES

YMCA GEELONG
Authority to Administer Medication Form

CHILDS FULL NAME:

MEDICATION INFORMATION

NAME OF MEDICATION	MEDICATION EXPIRY DATE	PRESCTIBED 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 **September/October 2026** School Holiday Program. Signature _____

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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**	
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