



# YMCA OF THE TRIANGLE

## Medication Distribution Form

**If your child will need medication administered during YMCA program hours, please read and complete the following:**

- Please fill out one Medication Distribution Form per child/per program year and return to the program office.
- For those children who may require injections, medications that require insertion into body cavity, and/or have other special medical needs, the YMCA will consider all requests for reasonable modifications to its program, including meeting with parent(s) or guardian(s) of such children to discuss such modifications, and strive to develop a mutually acceptable plan designed to address the medical circumstances of each child, provided that the requested accommodation does not amount to a fundamental alteration to its program. For additional information, reference the YMCA Youth Information Form and Parent Manual.
- Over-the-counter medications, vitamins, homeopathic remedies, and nutritional supplements will not be accepted unless they are scheduled for daily administration and accompany a physician's prescription.
- Sunscreen/Insect Repellent (lotions and sprays) requires a Sunscreen/Insect Repellent Distribution Form to be completed if you wish for the Y to apply it to your child. We recommend your child bring spray sunscreen and repellent for their personal use (make sure to mark with first and last name) if you prefer that your child self apply.
- Parents are required to bring medication to the program office. As a safety precaution, the child will not be allowed to bring in or take home medication. Medication should never be in the child's possession unless medication is dispensed on their person or a doctor has specifically indicated in writing that the child may self-administer and safety precautions are met for the safe handling of the medication. If a doctor has given this written permission, a copy must be provided to the YMCA.
- Medication must be in the original container.
- It is the responsibility of the parent to make sure the child has the proper amount of medication.
- If the child will be taking medication at two different program sites, parents must supply medication for both sites and must fill out a Medication Distribution Form for each site. Medicine will NOT be transported between programs.
- If, at the conclusion of the program, your child has unused medication, you will be notified to claim the medication within 30 days. If unclaimed, the medication will be taken to a medicine drop off center at a local pharmacy or hospital.
- No medication will be administered to any child, nor will any child be allowed to take any medication without a completed Medication Distribution Form.
- Medication will not be transported when children travel between their school site and YMCA program.

**Please complete a Medication Distribution Form for ALL MEDICATION to be administered.**

Child's Full Name \_\_\_\_\_ Name Called \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Your YMCA \_\_\_\_\_

Are there any specific medical/health needs we need to be aware of? \_\_\_\_\_

If so, are there any reasonable modifications you request us to consider in light of these medical/health needs?

\_\_\_\_\_

Administered by:  Y Staff  Self (Doctor's permission attached)

Special or more specific instructions (time) \_\_\_\_\_

**In case of emergency please contact:**

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

The YMCA staff has my permission to administer the above medication to my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# YMCA of the Triangle • Medicine and Dosages

Child's Name \_\_\_\_\_ Program \_\_\_\_\_ Date \_\_\_\_\_

	Diagnosis	Name of Medication	Dosage Amount	How to Give	Time to Give	Log	
<b>EMERGENCY MEDICATION(S)</b>	<input type="checkbox"/> Asthma <input type="checkbox"/> Allergy List allergies below: _____ _____ _____	<input type="checkbox"/> Albuterol <input type="checkbox"/> Xopenex  <input type="checkbox"/> Diphenhydramine (Benadryl)  <input type="checkbox"/> Epinephrine Auto Injector	<b>Please check one:</b> <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> 1 vial (ampule)  <input type="checkbox"/> 12.5 mg <input type="checkbox"/> 25 mg <input type="checkbox"/> Other _____  <input type="checkbox"/> 0.15 mg <input type="checkbox"/> 0.3 mg	<input type="checkbox"/> Inhaler with spacer <input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer  By mouth  Intramuscular (IM)	<input type="checkbox"/> Before exercise as needed to prevent symptoms <input type="checkbox"/> Every 4 hours as needed to relieve symptoms <input type="checkbox"/> Other _____  <input type="checkbox"/> Upon exposure <input type="checkbox"/> Mild reaction  <input type="checkbox"/> Upon exposure <input type="checkbox"/> Mild reaction	Received by _____ Date _____  Returned by _____ Date _____  Received by _____ Date _____  Returned by _____ Date _____	
	<input type="checkbox"/> Seizures	<input type="checkbox"/> Diastat Gel <input type="checkbox"/> Other	<input type="checkbox"/> 5.0 mg <input type="checkbox"/> 7.5 mg <input type="checkbox"/> 10.0 mg <input type="checkbox"/> Other _____	Rectal	<input type="checkbox"/> At onset of seizure <input type="checkbox"/> After 5 minutes <input type="checkbox"/> After 10 minutes <input type="checkbox"/> Other _____	Received by _____ Date _____  Returned by _____ Date _____	
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Glucagon	<input type="checkbox"/> 5.0 mg <input type="checkbox"/> 1.0 mg	<input type="checkbox"/> Subcutaneous (SQ) <input type="checkbox"/> Intramuscular (IM)	If student becomes unconscious	Received by _____ Date _____  Returned by _____ Date _____	
	<b>DAILY MEDS</b>	<input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Seizure <input type="checkbox"/> Diabetes <input type="checkbox"/> _____				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed <input type="checkbox"/> Other _____	Received by _____ Date _____  Returned by _____ Date _____