



# 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	Notes
<b>EMERGENCY MEDICATION(S)</b>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Albuterol <input type="checkbox"/> Xopenex	<b>Please check one:</b> <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> 1 vial (ampule)	<input type="checkbox"/> Inhaler with spacer <input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer	<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"/> Allergy List allergies below: _____ _____ _____	<input type="checkbox"/> Diphenhydramine (Benadryl)	<input type="checkbox"/> 12.5 mg <input type="checkbox"/> 25 mg <input type="checkbox"/> Other _____	By mouth	<input type="checkbox"/> Upon exposure <input type="checkbox"/> Mild reaction	
		<input type="checkbox"/> Epinephrine Auto Injector	<input type="checkbox"/> 0.15 mg <input type="checkbox"/> 0.3 mg	Intramuscular (IM)	<input type="checkbox"/> Upon exposure <input type="checkbox"/> Mild reaction	
	<input type="checkbox"/> Seizures	<input type="checkbox"/> Diastat Gel <input type="checkbox"/> Valtoco <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 _____	<input type="checkbox"/> Rectal <input type="checkbox"/> Nasal <input type="checkbox"/> Other _____	<input type="checkbox"/> At onset of seizure <input type="checkbox"/> After 5 minutes <input type="checkbox"/> After 10 minutes <input type="checkbox"/> Other _____	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Glucagon <input type="checkbox"/> Basqsimi <input type="checkbox"/> Other _____	<input type="checkbox"/> 5.0 mg <input type="checkbox"/> 1.0 mg	<input type="checkbox"/> Subcutaneous (SQ) <input type="checkbox"/> Intramuscular (IM) <input type="checkbox"/> Other _____	If student becomes unconscious		
<b>DAILY MEDS</b>	<input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <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 _____	



# YMCA of the Triangle • Medication Log Form

This form tracks the checking in/out of medications.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Program \_\_\_\_\_

Medication Name	Received By (Staff Name)	Date	Returned To (Parent Signature)	Date



# YMCA OF THE TRIANGLE

## Sunscreen/Insect Repellent Form

**If your child will need sunscreen/insect repellent applied by YMCA staff during YMCA program hours, please read and complete the following:**

- Parents are required to bring sunscreen/insect repellent to the program office. As a safety precaution, the child will not be allowed to bring in or take home sunscreen/insect repellent.
- Sunscreen/insect repellent must be in the original container and labeled with child's first and last name.
- It is the responsibility of the parent to make sure the child has the proper amount of sunscreen/insect repellent.
- If the child will be taking sunscreen/insect repellent at two different program sites, parents must supply these for both sites and must fill out a one form for each site. **Sunscreen/insect repellent spray will not be transported between programs.**
- If, at the conclusion of the program, your child has unused sunscreen/insect repellent, you will be notified to claim it within 30 days. If unclaimed, the sunscreen/insect repellent will be thrown away.
- **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.

### Permission to Administer Sunscreen and Insect Repellents

Authorization must be provided for staff to apply sunscreen and insect repellents.

Item must be provided in its original container and labeled clearly with the child's name. Staff will keep items out of reach of children when not in use.

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

Name of Sunscreen/Insect Repellent \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Permission may be given for up to one year

Apply to:  All exposed skin  Face only  Other (specify) \_\_\_\_\_

When:  Before swimming  After swimming  Other (specify) \_\_\_\_\_

(WE CANNOT ACCEPT "AS NEEDED")

I give permission to YMCA staff to apply the sunscreen/insect repellent listed above as instructed.

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