



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Authorization for administration of non-prescription topical medications by YMCA personnel

I hereby request that the following non-prescription topical medication be administered to my child by a staff member of the program. I understand that I must supply the YMCA with the non-prescription topical medication in the original container labeled with the child's name, the name of the medication and the directions for the medication administration.

This authorization is limited to the following topical medication:

- Non-prescription medicated powders, creams and chap stick
- Non-prescription insect repellants (free from DEET)
- Non-prescription sunscreen (free from PAPA)

Child's name: _____ DOB: _____

Address: _____

Medication name _____

Schedule of medication administration: _____ As needed
_____ Before playing outdoors
_____ AM/PM

Reason for administration: _____

Medication shall be administered from: ____/____/____ to ____/____/____
(date) (date)

I have administered at least one dose of the above medication to my child without adverse side effects.

Parent/Guardian Signature: _____ Date: ____/____/____

Administrative Signature: _____ Date: ____/____/____