Authorization for the Administration of Prescription Medicines

A physician's or dentist's written order and parent or guardian's authorization are required for a nurse to administer prescription medications or in the absence, for the attending EMT or other adult personnel with first aid training to administer such medications. Medications must be in pharmacy-prepared containers and labeled with the child's name, name of drug, strength dosage, frequency, physician's or dentist's name and date of original prescription. The only medications to be administered by the Westport Weston Family Y Hafaday program are inhalers and Epi-pens for allergies.

Physician's/Dentist's Name: _____ Phone: _____
(Please Print)

Physicians/Dentist's order: (Please complete all the following information)

Name of child: _____ Date: _____

Address: _____ DOB: _____

Condition for which the drug is being administered: _____

_____

Drug: name, dose, and method of administration: _____

_____

Is this a controlled drug? _____ Time of administration: _____

Medication shall be administered from: _____

Relevant side effects to be observed, if any: _____

_____

If there are side effects, the plan for management is: _____

_____

Participant's Name: _____

If the child is to administer his/her own medications please indicate that you feel the child is capable to self-administration of medication (check one box below):

☐ Yes, I feel this child is able to administer his/her own medication.

☐ No, I do not feel this child is able to administer his/her own medication

Physician's or Dentist's Signature: _____ Date: _____

Authorization by Parent/Guardian: for the administration of the above medication by the Westport Weston Family YMCA Personnel:

To the Westport Weston Family YMCA Hafaday Summer Swim Lesson Program:

I hereby authorize the Family Y personnel to administer to my child the above medications as ordered by the physician/dentist for the Family Y personnel administer my child. I understand that I must supply the Family Y with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist and will send in and take home said medication on a daily basis.

I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the end of the Family Y program.

I understand that the Family Y Hafaday program requires the carrying of the medication in the child's outside pocket of their backpack.

Parent/Guardian Signature: _____ Date: _____

If you have any questions or concerns, please contact the Aquatic Director. Please return this form to:

Nicole Turechek
Aquatic Director
Westport Weston Family YMCA
14 Allen Raymond Ln.
Westport, CT 06880
Phone: 203-226-8981. ext. 121
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