

YMCA of Western North Carolina
Child Care Services Branch - YMCA Afterschool Program
Buncombe County School Locations - 2010-2011 School Year

This form will be utilized when a parent/guardian has indicated on the Youth Information Form that their child will be taking a prescription medication, has a special need and or disability while participating in the YMCA program.

CHILD'S NAME: _____ **CHILD'S DATE OF BIRTH**

**Name of Prescription Medication to be taken at the
YMCA:** _____

Expiration Date: _____ **Time to Be Taken and Frequency:**

Dosage Amount _____ **Beginning Date:** _____ **Ending Date:**

Special Instructions:

Possible Reactions:

Prescribing Provider: _____ **Phone:**

Pharmacy: _____ **Phone:**

I give the YMCA staff authorization to give medicine noted above and to call the health care provider if needed. **Parent/Guardian Signature:** _____

Date: _____

Parents/Guardians - Please note special needs, concerns and/or disabilities that are important for our staff to be familiar with prior to your child's admittance into the program – Please be specific.

If the YMCA staff and/or the parents/guardians feel it is necessary, a meeting will be scheduled in advance to discuss specific information. The YMCA program welcomes all children to the extent that it is reasonably able to do so. A child who requires measures that constitute a fundamental alteration to the program or other undue hardship, or a child that poses a direct threat to the health and safety of others, will not be able to participate in the program. All children, regardless of their circumstances, are subject to YMCA disciplinary procedures.

**Office Use Only: YMCA is to contact family regarding admission into program
 Parent requests contact with YMCA staff prior to start of program**