

YMCA of Western North Carolina
Child Care Services Branch - YMCA Afterschool Program
Beaverdam Location - 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