

**Parent Release for Administration of Medication**

I \_\_\_\_\_ parent of \_\_\_\_\_

Hereby request that the staff of the Suburban North Family YMCA School Age Childcare Program may administer the following medication to my child.

\_\_\_\_\_  
\_\_\_\_\_

The medication should be administered in the following dosages and time schedule:

Amount \_\_\_\_\_ Time \_\_\_\_\_

Amount \_\_\_\_\_ Time \_\_\_\_\_

I also release the Suburban North Family YMCA School Age Childcare Program from all liability that my child should suffer from this medication.

Possible reactions of which the YMCA should be aware of might include:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

**\*\*\*Fill out and return this sheet ONLY if your child needs to take medication while at Y Care**