



# YMCA OF THE TRIANGLE

## Medication Distribution Form

**If your child will need medication administered during YMCA program hours, please read and complete the following:**

- Please fill out one Medication Distribution Form per child/per program year and return to the program office.
- For those children who may require injections, medications that require insertion into body cavity, and/or have other special medical needs, the YMCA will consider all requests for reasonable modifications to its program, including meeting with parent(s) or guardian(s) of such children to discuss such modifications, and strive to develop a mutually acceptable plan designed to address the medical circumstances of each child, provided that the requested accommodation does not amount to a fundamental alteration to its program. For additional information, reference the YMCA Youth Information Form and Parent Manual.
- Over-the-counter medications, vitamins, homeopathic remedies, and nutritional supplements will not be accepted unless they accompany a physician's prescription or are part of the child's medical care plan.
- Sunscreen/Insect Repellent (lotions and sprays) requires a Sunscreen/Insect Repellent Distribution Form to be completed if you wish for YMCA staff to apply it to your child. We recommend your child bring spray sunscreen and repellent for their personal use (make sure to mark with first and last name) if you prefer that your child self apply.
- Parents are required to check medication in with program leadership staff. As a safety precaution, the child will not be allowed to check in or out medication. Medication should never be in the child's possession unless medication is dispensed on their person or a doctor has specifically indicated in writing that the child may self-administer and safety precautions are met for the safe handling of the medication. If a doctor has given this written permission, a copy must be provided to the YMCA.
- Medication must be in the original container.
- It is the responsibility of the parent to make sure the child has the proper amount of medication.
- Medication quantity will be counted and documented by program leadership staff while parent/guardian is present. Both YMCA staff and parent/guardian will initial on page 3 of this form to confirm quantity of the medication that was provided.
- If the child will be taking medication at two different program sites, parents must supply medication for both sites and must fill out a Medication Distribution Form for each site. **Medicine will NOT be transported between programs.**
- If, at the conclusion of the program, your child has unused medication, you will be notified to claim the medication within 30 days. If unclaimed, the medication will be properly disposed of.
- No medication will be administered to any child, nor will any child be allowed to take any medication without a completed Medication Distribution Form.
- Medication will not be transported when children travel between their school site and YMCA program. The YMCA does not have access to medications in the possession of school administration/nurses.

**Please complete a Medication Distribution Form for ALL MEDICATION to be administered.**

Child's Full Name \_\_\_\_\_ Name Called \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Program Location \_\_\_\_\_

We're there any specific medical/health needs listed on your child's registration?  Yes  No

If so, what are they? Staff will discuss with you any reasonable accomodation requests made realted to these needs.

\_\_\_\_\_

Administered by:  Y Staff  Self (Doctor's permission attached)

**In case of emergency please contact:**

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

The YMCA staff has my permission to administer the above medication to my child.

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

# YMCA of the Triangle • Medicine and Dosages

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

	Diagnosis	Name of Medication	Dosage Amount	How to Give	Time to Give	Notes
<b>EMERGENCY MEDICATION(S)</b>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Albuterol <input type="checkbox"/> Xopenex	<b>Please check one:</b> <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> 1 vial (ampule)	<input type="checkbox"/> Inhaler with spacer <input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer	<input type="checkbox"/> Before exercise as needed to prevent symptoms <input type="checkbox"/> Every 4 hours as needed to relieve symptoms <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Allergy List allergies below: _____ _____ _____	<input type="checkbox"/> Diphenhydramine (Benadryl)	<input type="checkbox"/> 12.5 mg <input type="checkbox"/> 25 mg <input type="checkbox"/> Other _____	By mouth	<input type="checkbox"/> Upon exposure <input type="checkbox"/> Mild reaction Describe: _____ _____	
		<input type="checkbox"/> Epinephrine Auto Injector	<input type="checkbox"/> 0.15 mg <input type="checkbox"/> 0.3 mg	Intramuscular (IM)	<input type="checkbox"/> Upon exposure <input type="checkbox"/> Mild reaction Describe: _____ _____	
	<input type="checkbox"/> Seizures	<input type="checkbox"/> Diastat Gel <input type="checkbox"/> Valtoco <input type="checkbox"/> Other _____	<input type="checkbox"/> 5.0 mg <input type="checkbox"/> 7.5 mg <input type="checkbox"/> 10.0 mg <input type="checkbox"/> Other _____	<input type="checkbox"/> Rectal <input type="checkbox"/> Nasal <input type="checkbox"/> Other _____	<input type="checkbox"/> At onset of seizure <input type="checkbox"/> After 5 minutes <input type="checkbox"/> After 10 minutes <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Glucagon <input type="checkbox"/> Basqsimi <input type="checkbox"/> Other _____	<input type="checkbox"/> 5.0 mg <input type="checkbox"/> 1.0 mg	<input type="checkbox"/> Subcutaneous (SQ) <input type="checkbox"/> Intramuscular (IM) <input type="checkbox"/> Other _____	If student becomes unconscious	
<b>DAILY MEDS</b>	<input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Seizure <input type="checkbox"/> Diabetes <input type="checkbox"/> Other _____ _____				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As needed <input type="checkbox"/> Other _____	







# YMCA OF THE TRIANGLE

## Sunscreen/Insect Repellent Form

**Children can self apply sunscreen/insect repellent, but if your child will need sunscreen/insect repellent applied by YMCA staff during YMCA program hours, please read and complete the following:**

- Parents are required to check sunscreen/insect repellent in with program leadership staff. As a safety precaution, the child will not be allowed to check in or out sunscreen/insect repellent.
- Sunscreen/insect repellent must be in the original container and labeled with child's first and last name.
- It is the responsibility of the parent to make sure the child has the proper amount of sunscreen/insect repellent.
- If the child needs sunscreen/insect repellent to be applied by YMCA staff at two different program sites, parents must supply these for both sites and must fill out a one form for each site. **Sunscreen/insect repellent spray will not be transported between programs.**
- Staff will keep any checked in sunscreen/insect repellent out of reach of children when not in use.
- If, at the conclusion of the program, your child has unused sunscreen/insect repellent, you will be notified to claim it within 30 days. If unclaimed, the sunscreen/insect repellent will be thrown away.
- **Sunscreen/Insect Repellent (lotions and sprays) requires a Sunscreen/Insect Repellent Distribution Form to be completed if you wish for YMCA staff to apply it to your child.**

### Permission to Administer Sunscreen and Insect Repellents

Authorization must be provided for YMCA staff to apply sunscreen and insect repellents.

Child's Full Name \_\_\_\_\_ Name Called \_\_\_\_\_

Name of Sunscreen/Insect Repellent \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Program Location \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Permission may be given for up to one year

Apply to:  All exposed skin  Face only  Other (specify) \_\_\_\_\_  
(WE CANNOT ACCEPT "AS NEEDED")

When:  Before swimming  After swimming  Other (specify) \_\_\_\_\_

I give permission to YMCA staff to apply the sunscreen/insect repellent listed above as instructed.

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