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 cavities, 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 and out 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 the YMCA and returned to the parent/guardian.
- 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 ______________________

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

If so, what were they? Staff will discuss with you any reasonable accommodation requests made related 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 ______________

Rev 5/1/26

YMCA of the Triangle • Medicine and Dosages

Child's Name______________________________ Child's DOB__________ Program Location______________________________ Date__________

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

YMCA of the Triangle • Medication Log Form

This form tracks the checking in/out of medications.

Child's Name____Child's DOB____________________

Program Location____Date________________________

Date	Time	Medication	Quantity	Checking In/Out	Staff Name	Parent Name	Staff Initials	Parent Initials
				❒ In ❒ Out				
				❒ In ❒ Out				
				❒ In ❒ Out				
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				❒ In ❒ Out				

YMCA of the Triangle • Medication Distribution Form

Staff member who gives the child the medicine completes this Medication Administration Record. Use a second page when you need more lines to record medication administration. Attach page to the Medication Distribution Form. **If an error occurs and the child requires medical attention, immediately call 9-1-1 and/or Poison Control at 1-800-222-1222.**

Child's Name________________________________Child's DOB____________Program Location__________________Date__________

Medication Name	Date Given	Time Given	Dose Given	Name of Staff Giving the Medication	Initial of Staff Giving the Medication	Child's Initials