

# Medication Information Form

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**DOB**

\_\_\_\_\_  
**Age**

Medications must be in their original containers with written instructions for dispensing. The containers should list the full name of the child and the prescribing Doctor's name.

For safety reasons, all medications are stored, locked, and secured at the YMCA. Do not pack medication with lunch or snacks.

If child does not require medication, please write "NO MEDICATION" on form below.

Dosage Instructions					
Medication Name	Dosage	Morning	Afternoon	Evening	Special Notes:
IE: Tylenol	100mg	Yes	No	Yes	