



# YMCA of Belleville and Quinte Medication Information and Consent Form

*We build strong kids, strong families,  
strong communities*

To be completed by parent / guardian - **one for each medication to be administered**

Child's Name:	Medication:
Doctor's Name:	

### Reason for Medication

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**A) Prescription Drugs:** We will give these exactly as shown on the label only. All medication must be supplied in the proper prescription bottles.

**B) Other Drugs:** We will give these only if recommended by your doctor.

Complete for Either A or B	
Dosage:	Method of Administration:
Start Date:	End Date:
Number of Times a Day and Time of Day:	Other Instructions:
Side effects to be aware of:	

I authorize this nursery/daycamp to administer the medication named above to my child and I certify that the instructions given are as recommended by a physician.

\_\_\_\_\_  
Date

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

