



Consent Form for the Administration of Medication/Use of Medical Equipment

If this document does not apply for my child, please sign: _____
If this document does apply, please fill out the form below.

(Must be submitted along with the Medication Authorization Form and a Doctor's Note)

Child's name: _____ School: _____

Doctor's Name: _____ Phone: _____

Medication/Medical Equipment _____

EMERGENCY CONTACTS

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

I have trained the following YMCA staff members the correct use of the above named medication/medical equipment for my child and feel comfortable with my training. (A minimum of three staff must be trained per program)

Staff Member	Date Trained	Parent Initials

Parent/Guardian Signature: _____ Date: _____