

Pickens County YMCA  
**MEDICATION INFORMATION FORM**

Child's Name: \_\_\_\_\_ Afterschool Site: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Medication and Strength: \_\_\_\_\_

Dosage: \_\_\_\_\_ Storage Instructions: \_\_\_\_\_

Prescription Directions: \_\_\_\_\_

Quantity Sent to Afterschool: \_\_\_\_\_

When was the medication started: \_\_\_\_\_ Temporary: \_\_\_\_\_ Permanent \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Side Effects: (reactions to food, dehydration, decreased balance, drowsiness, etc)

\_\_\_\_\_  
\_\_\_\_\_

List other important information about this medication:

\_\_\_\_\_

Expected action if medication is not taken as directed:

\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Waiver: This information is confidential and is provided to the Pickens County YMCA for the express purpose of helping to ensure a healthy, safe experience for my child. This form may be shared with medical personnel should the necessity arise. Upon request, it will be returned to me at the end of the program.

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

