



# Daily Medication Authorization Form



Date: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Medication Name: \_\_\_\_\_

*Staff Use*

Dosage Amount: \_\_\_\_\_

Time Given: \_\_\_\_\_

Time to Administer\*: \_\_\_\_\_

Staff Member's Name: \_\_\_\_\_

\*Must be the time listed on the original prescription. We will administer this medication according to the "YMCA Administration Time Definitions" listed below.

### **YMCA Administration Time Definitions**

- AM** - Before noon
- PM** - After noon and before 6pm
- Set Time** - 1 hour window
- With Food** - Given at meal or snack times
- As Needed** - When requested by camper
- "X" Times Daily** - 1 hour window, to time provided
- Every "X" Hours** - 1 hour window, to time listed

Adult Dropping Off Signature: \_\_\_\_\_



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