



YMCA OF MEMPHIS & THE MID-SOUTH Medical Authorization Form

Child's Name:	Date of Birth/Age:
Name of Medication:	Reason for Medication:
Start Date:	Stop Date:
Times to be given: <small>(*Can NOT be given "as needed")</small>	Amount to be given:
Possible Side Effects:	Method of administration: <input type="checkbox"/> Oral <input type="checkbox"/> Topical
<input type="checkbox"/> Above information consistent with label?	Method of Storage: Requires Refrigeration: <input type="checkbox"/> Yes <input type="checkbox"/> No
Take emergency procedures when:	
Special Instructions:	

Parent/Guardian Name

Parent/Guardian Signature

Date

Physician Signature

Date

Physician Phone Number

Childcare Staff Signature

Date