AUTHORIZATION FOR ADMINISTERING INHALED MEDICATIONS

Date: _____

Dear Doctor:

Your patient, _____, is enrolled/enrolling in our center and we have been requested to administer inhaled medication. Please complete this instruction record. This record will remain in the child's file at the YMCA so we may assist with the care and needs of our enrollee and your patient.

Child's Name:_____

Child's Birth Date:_____

PROCEDURES

Please specify, in detail, all procedures relating to your patient, including specific indications for administering inhaled medications:

_____
_____
_____
_____

Please provide in detail potential side effects and actions to be taken in the event of side effects or incomplete treatment:

_____
_____
_____
_____

Please specify, in detail, any and all restrictions on your patient's ability to participate in recreational activities:

_____
_____
_____
_____

AUTHORIZATION FOR ADMINISTERING INHALED MEDICATIONS

Please specify, in detail, proper storage of the inhaled medications:

_____
_____
_____
_____

If there are any other comments, instructions, restrictions, or provisions not listed above, please indicate:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Child's Physician
Name:_____
Address:_____ Telephone No.:_____
Emergency Contact No.:_____
Signature:_____ Date:_____

To Be Filled Out By Parent(s) and/or Guardian(s)
Parent(s) or Guardian(s):

Name: _____
Address:_____
Telephone No.: _____
Emergency Contact No.: _____

AUTHORIZATION FOR ADMINISTERING INHALED MEDICATIONS

Name: _____
Address: _____
Telephone No.: _____
Emergency Contact No.: _____

Indicate the person(s) who is/are authorized to administer inhaled medications and provide care.
Check all that apply:

__ **YMCA** Personnel
__ Parent(s) or Guardian(s)
__ Child
__ Siblings Name(s): _____
__ Other Name(s): _____

BY SIGNING THIS FORM, I/WE AUTHORIZE THE YMCA TO FOLLOW THE ABOVE INSTRUCTIONS. I/WE AGREE TO UPDATE THIS FORM EVERY TWELVE (12) MONTHS, OR SOONER, IF MY/OUR CHILD'S NEEDS CHANGE.

Signature:_____ Date:_____
[Parent/Guardian]

Signature:_____ Date:_____
[Parent/Guardian]