



**YWCA Princeton After School Program**  
**Authorization to Administer Medication**

Site \_\_\_\_\_

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Reason being given: \_\_\_\_\_  
\_\_\_\_\_

Possible adverse reactions of physical limitations:  
\_\_\_\_\_  
\_\_\_\_\_

Child will be on this medication from: \_\_\_\_\_ to: \_\_\_\_\_

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

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**State of NJ Requirements for Administering Prescription Medications**

1. Medication shall be administered only after receipt of written approval from the child's parent.
2. Medication **MUST BE STORED IN ITS PRESCRIPTION CONTAINER**, which has been labeled with the child's name, the name of the medication, date it was prescribed and directions for its administration.
3. Unused medication will be returned to the parent when it is no longer being used. The YWCA Princeton After School Program require that medications being given to Head Site Supervisor and remain at the site for the duration. Please keep what is needed at home and send us what is needed at the site. This ensures that we will not forget to send the medication home at the end of the day and you will not forget to send it in the next day. Please send in a dosage cup or spoon as regular teaspoons are not an accurate measurement for medications.

**PLEASE NOTE** under no circumstances will the YWCA Princeton After School Program administer medication without a signed copy of this form. According to the board of health, there are to be no exceptions.