

## GOLDEN CORRIDOR FAMILY YMCA MEDICATION AUTHORIZATION

SELECT BRANCH:	Campanell	i Tay	lor	Camp	o Edwards
Child's Name:		Gende	r: M / F	DOB:	
Name of Medication:		Dosage:			
Time Needed:		Dates Needed:			
Diagnosis:					
Special Instructions:					
Side Effects:					
	Phone:				
Address:					
Staff Name					
Staff Name	Date	Time		Dosage	