



YMCA OF
GREATER NEW YORK

AFTERSCHOOL APPLICATION SCHOOL YEAR 2026-2027

CONSENT FOR PARTICIPANT WITH PRESCRIPTION ASTHMA INHALER AND/OR EPINEPHRINE AUTO INJECTOR TO SELF-ADMINISTER

Child's Name: _____ has been instructed in the proper use of the (name of
medication) _____.

We request that the child named above be permitted to carry their own asthma inhaler and/or epinephrine auto injector medication and have the medication kept in their backpack.

- ☐ **ASTHMA INHALER:** My child has been instructed in the proper procedure for self-administration and is competent enough to assume the responsibility of self-administering their medication as required and under the proper method and frequency of use of this medication as prescribed by my child's physician. I further understand that my child's physician has given consent for my child to self-administer this medication.

I request that my child be permitted to carry their prescribed asthma inhaler at program. I certify that my child has been instructed and is capable of proper self-administration of the medication. I understand that if my child is using this medication unsafely, irresponsibly or fails to keep it out of reach from other participants, the Site Director will follow up immediately with the family and will request a meeting to address improper use. I understand that the YMCA of Greater New York is not responsible for lost, stolen, or improperly discharged medication.

- ☐ **EPINEPHRINE AUTO INJECTOR:** My child has been instructed in the proper procedure for self-administration and is competent enough to assume the responsibility of self-administering their medication as required and under the proper method and frequency of use of this medication as prescribed by my child's physician. I further understand that my child's physician has given consent for my child to self-administer this medication.

I request that my child be permitted to carry their prescribed epinephrine auto injector at program. I certify that my child has been instructed and is capable of proper self-administration of the medication. I understand that if my child is using this medication unsafely, irresponsibly or fails to keep it out of reach from other participants, the Site Director will follow up immediately with the family and will request a meeting to address improper use. I understand that the YMCA of Greater New York is not responsible for lost, stolen, or improperly discharged medication.

Parent/Guardian Name (Print): _____

Signature: _____

Date: _____