

Information	SECTION 1
--------------------	------------------

To be completed by the guardian of a participant under 19 years if medication is required to be administered at the program site by Recreation Division staff.

Participant Information	SECTION 2
--------------------------------	------------------

Participant Name: _____ Program Attending: _____
 Date of Birth: _____ Dates Attending: _____

Medication Information	SECTION 3
-------------------------------	------------------

Date medication prescribed and for how long: _____
 Prescribing Physician: _____
 Clinic: _____ Physician's Phone #: _____
 Name of Medication: _____ Dose Required: _____
 Reason: _____
 Time Medication is to be administered: _____
 Specific Instructions for administering prior to attending the program (i.e. taken with meal, water):

 Side effects or reactions: Yes No If yes, please describe:

Authorization	SECTION 4
----------------------	------------------

I, _____, give permission for Recreation Division staff to give medication to above named according to the instructions stated. I have explained the procedures for administering the medication and I will be contacted if above named shows any unusual symptoms.

I further acknowledge that the standard of care which I would expect of the employees of the Recreation Division shall be that of the ordinary layman, bearing in mind the absence of trained medical personnel within the Division.

Signature (Participant/Guardian): _____ Date (yy/mm/dd): _____

CS- Medication Consent	Community Services	
Privacy Notice		SECTION 5
<p>Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to provide care to participants. Questions about the collection and use of the information may be directed to Manager of Family & Leisure Services at 576-8020 or email inclusion@stjohns.ca</p>		
<p>Please return completed forms to: On-Site Supervisor</p>	<p>City of St. John's Recreation Division P.O. Box 908 St. John's, NL A1C 5M2</p>	<p>For further information: Phone: (709)576-8499/8631 Email: recreation@stjohns.ca</p>