



PLEASE PRINT

Medication Consent

INFORMATION

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 1

Participant Name: _____ Program Attending: _____

Date of Birth: _____ Dates Attending: _____

MEDICATION INFORMATION

SECTION 2

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 3

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.

Participant/Parent/Guardian Signature _____

Date _____



NEWFOUNDLAND AND LABRADOR, CANADA