

Vancouver Board of Parks and Recreation Administration of Prescribed and Non-Prescribed Medication Form

I hereby give permission to the staff of	to administer:			
Program Name/Location				
Name of Prescription	Prescription Number			
to my childParticipant's Name	according to Physician's orders/instructions.			
Participant's Name				
Name of Parent/Guardian				
Signature of Parent or Guardian				
	Date:			
The Centre retains the right to review the conseque deviation from a schedule for the administration of	ences of this request, and may seek to ensure that any medications shall not cause undue harm to the child.			
To be completed by a physician				
Medication:	Expiry Date:			
Can medication be safety stored in the program file	rst aid kit? Yes No			
Further instructions:				
Additional comments (reactions, consequences of	f missed medication, errors, side effects, and			
contraindications):				
Physician's Name				
Physician's Signature	Date:			
*The name of the medication and patient must be on the v Doctor's note attached for non-prescribed medication	vial/bottle for prescription medications or on the copy of the			

Note:

- Please use one form for each prescription or refill
- File completed form in child's file or camp file
- Ensure that a copy of a Doctor's note is attached for non-prescribed medication



Vancouver Board of Parks and Recreation Administration of Prescribed and Non-Prescribed Medication Form

Office Us			Record of Administration of Medition is administered	cation	
Name o	of Child: _			_	
Name of Medication:			Expiry Date:		
Physici	an		Physician's Phon	e #:	
Date	Time	Dosage	Method of Administration (Example: oral/injection/topical)	Administered By:	Initia

Note:

- Please use one form for each prescription or refill
- File completed form in child's file or camp file Ensure that a copy of a Doctor's note is attached for non-prescribed medication