



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 child _____ 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 consequences of this request, and may seek to ensure that any deviation from a schedule for the administration of medications shall not cause undue harm to the child.

To be completed by a physician

Medication: _____ Expiry Date: _____

Can medication be safely stored in the program first aid kit? Yes No

Further instructions: _____

Additional comments (reactions, consequences of 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 vial/bottle for prescription medications or on the copy of the Doctor's note attached for non-prescribed medication***

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



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Prescribed Medication Non-Prescribed Medication Copy of Doctor's Note attached for Non-prescribed Medication

Record of Administration of Medication

Office Use:
To be completed each time a medication is administered

Name of Child: _____

Name of Medication: _____ Expiry Date: _____

Physician _____ Physician's Phone #: _____

Date	Time	Dosage	Method of Administration (Example: oral/injection/topical)	Administered By:	Initial

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