



# MEDICATION FORM

Dear Parent/Guardian:

**Should your child require medication to be taken while in our care, you are required to complete this Medical Consent Form.** (For instance medication for Asthma, Diabetes, Penicillin, Ritalin, etc.)

Please note, for legal reasons Community Services staff will complete the following:

1. Remind your child to take their medication.
2. Remind your child to bring their medication with them while outside the Day Camp facility.
3. Assist to ensure your child takes their medication. However, we can only place their medication in their hand, we **cannot administer drugs** (i.e. put the medication in the child's mouth).

## Medication Consent

I, \_\_\_\_\_, hereby give permission for my son/daughter  
 \_\_\_\_\_, to take \_\_\_\_\_ (amount) of  
 \_\_\_\_\_ (name of medication) at the following times  
 \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.

This is effective from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

I understand there will be two Community Services staff present at all times when my child takes their medication. I understand that I am responsible for providing my child's medication and spoons, drinks, or any other item needed for my child to take the medication. I am also responsible for ensuring this medication is brought home at the end of each day.

Signed,

\_\_\_\_\_  
child) \_\_\_\_\_ (Relationship to

**Please notify your child's Counsellor and Coordinator immediately should there be any changes to your child's medication, i.e. changes in dates, dosages, etc.**