

2024 Permission to Administer Medications

Personal Information:

Date: _____

Child's Name: _____ Child's age: _____

Program Name: _____

Dates Attending: _____

Parent/Guardian's Name: _____

Permission to Administer Medication:

I, _____, hereby give permission to: _____
(Parent/Guardian name) (Program name and/or Staff name)

to administer _____
(Name of medication & prescription number if applicable)

to my child: _____
(Child's name)

Preferred Action Taken by Staff:

Please administer the above listed medication and/or prescription:

- According to the doctor's orders and instructions as noted on the prescription bottle or vial (for prescription drugs)
- According to the following instruction:

Parent/Guardian Signature: _____ Printed Name: _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The information collected on this form is authorized under Section 26(c) of the Freedom of Information and Protection of Privacy Act, as it relates directly to and is necessary for the safe provision of the District's Children's Licensed care, camps and programs. The information will be stored in a binder/clipboard and securely stored in a District office when not in use. It will be accessible to authorized staff only, including Licensed Care and camps staff, and used for attendance, medical and safety purposes. If you have questions regarding the collection, use and disclosure of personal information, contact the Corporate Services Department at foi@oakbay.ca or 250-598-3311.

Medication Record

This form is to be filled in by Recreation Oak Bay Staff when medication is administered during program times.

Child's Name: _____ **Child's age:** _____

Program Name: _____

Name of Medication: _____

Date	Time	Dosage	Comments	Staff Signature

***Note: Use one form for each medication dispensed. Complete form to be filed in child's medical file.**

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