



PERMISSION TO ADMINISTER MEDICATIONS
(to be filled out for each medication & only if medications need administering)

DATE: _____

I hereby give my permission to Esquimalt Recreation Centre Summer Camp Staff

to administer _____
Name of medication Prescription number

to my child _____
Parent Signature

- According to the doctor's orders and instructions as noted on the prescription bottle or vial (for prescription drugs)
- According to the following instructions (for non-prescription drugs such as Tylenol, Sting Stop, Gravol et cetera)

ADMINISTRATION INSTRUCTIONS:

Physicians Name: (IF PRESCRIBED) _____ Phone: _____

Dosage: _____

When to administer: _____

How to administer: _____

What to do if a dosage time has passed: _____

What is the impact of a dosage is missed: _____

What are the side effects of the medication: _____
