



ESQUIMALT
PARKS + RECREATION

PERMISSION TO ADMINISTER MEDICATIONS

(To be filled out for each medication and only if medications need administering during program time)

Child's Name: _____ Date: _____

Administration Instructions

Physician Name (if prescribed): _____ Phone Number: _____

Medication Name: _____ Prescription Number (if applicable): _____

Dosage: _____

When to administer: _____

How to administer: _____

What to do if dosage time has passed: _____

The impact of a dosage missed: _____

The side effects of the medication: _____

Medication Record

Date	Time	Dosage	Comments	Staff

Emergency Treatment Procedures are:

1. **Call BC Drug and Poison Information Centre 1-800-567-8911** Give medication information, nature of what occurred, and ask if 911 is to be called.
2. **Call 911** if needed. Tell them what has happened. Ask them to send an ambulance immediately.
3. **Call contact person.**
4. **Any other instructions:** _____

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned parent/guardian hereby authorizes Esquimalt Recreation Centre staff to administer medication to the above named child in the event of an anaphylactic reaction as described above.

Parent/Guardian Signature

Date

Personal information you provide on this form is collected under the authority of the Community Charter and will only be used for the purposes of the Esquimalt Parks & Recreation camp program. Your personal information will not be released except in accordance with the Freedom of Information and Protection of Privacy Act. Questions about the collection of your personal information may be referred to the Director of Corporate Services, Township of Esquimalt, 1229 Esquimalt Road, Esquimalt, BC V9A 3P1, 250-414-7135 or corporate.services@esquimalt.ca.