

Administration of Medication Form & Waiver

Please complete this form if your child requires medication while participating in our program.

Participant Name: _____ Address: _____ Parent/Guardian Name: 1. _____ Parent/Guardian Name: 2. _____ Emergency Contact Name: _____ Phone No.: (H) _____ (B) _____ Physicians Name: _____ Child's Ontario Health Card # _____	Program Name/Session: _____ Date of Birth: _____ Phone No. _____ <small>Day//Month//Year</small> Phone No. (H) _____ (B) _____ Phone No. (H) _____ (B) _____ Relation to Child: _____ Phone No.: _____ Medical Alert # _____
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Please complete this section for all medication other than Epipen® - for Epipen® please complete the reverse side and the Emergency Alert Photo ID Form .

Name of Medication	Time(s) of day to be administered	Dosage	Storage Instructions

Please indicate special instructions when taking medication (i.e. with meals, drink with plenty of water):

Cautions, side effects and recommended action: (Attach additional pages if necessary)

IMPORTANT: Please include only one day's dosage in the original prescription (non breakable) container.

I authorize the City of Toronto, Parks and Recreation Division staff to (please check appropriate one):

- administer medication to my child
 OR
 supervise only the above named person to administer his/her own medication

I agree to provide to designated staff on a daily basis, the daily-prescribed dosage of medication in the original prescription container with the following information; Participant's name, pharmacy name and telephone number, Doctor's name and telephone number, name of the medication, dosage and time of administration of medication.

Parks and Recreation reserves the right not to administer medication in high risk situations where the safety of staff and the participant could be jeopardized.

Parent/Guardian signature: _____ **Date:** _____

ANAPHYLAXIS – CONSENT FOR ADMINISTRATION OF EPIPEN®

I have been informed by my child's physician that the following procedures are medically appropriate for my child and should be administered during the program if required.

Name of Procedure/Medication: _____

Administration Frequency:

Cautions, Side Effects, Storage/Duration:

PARENT/CAREGIVER AGREES TO AND UNDERSTANDS THE FOLLOWING:

1. Parks & Recreation staff reserves the right to request a doctor's note should more information be required.
2. Only an **Epipen®** (no other brands) will be administered in an anaphylactic emergency.
3. It is my responsibility to provide staff with updated medical information whenever there is a change in the physician's instructions regarding the administration of the Epipen®.
4. This emergency procedure will be administered by staff who do not have medical or nursing training.
5. My child's doctor has fully explained the nature and possible side effects of this treatment.
6. The Emergency Allergy Alert Photo I.D. will only be posted with my consent.
7. Parks & Recreation cannot provide or promise a total risk free/allergen free environment for my child.
8. My child will **ALWAYS** be dropped off at the program with their Epipen® and will carry it at all times.
9. On occasion a replacement leader may be assigned to your child's group.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND:

- Consent for the Administration of an Epipen®
- Parent Responsibilities section of Resource Guide
- Emergency Allergy Alert/Photo I.D. Form

I give Toronto Parks & Recreation consent to post my child's Emergency Allergy Alert Photo I.D. form in the agreed upon areas:

Office Lunch area Staff room Other _____

The City of Toronto will provide for the health and welfare of each participant but will be released and held harmless from all actions, damages or claims arising out of participating in the City of Toronto, Parks & Recreation programs.

In accordance with the Municipal Freedom of Information Act and Protection of Privacy Act, the personal information provided on these forms will be used solely to determine and access eligibility for administration of an Epipen®.

Parent/Guardian Signature: _____

Date: _____