



### Authorization for the Administration of Medication

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Date Medication was Dispensed: \_\_\_\_\_ Medication Expiry Date: \_\_\_\_\_

Child's Medical Condition: \_\_\_\_\_

Symptoms & Warning Signs: \_\_\_\_\_

Dosage and Frequency: \_\_\_\_\_

Medication Storage Instructions: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Physician name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Procedure in the event of administration of medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Schedule of Administration of Medication

	Date medication is to be administered	Time medication is to be administered	Date medication was administered	Time medication was administered	Initial of person Administering
1					
2					
3					
4					
5					
	To be filled out by parent		To be filled out by MPCC office		

**Office:**

100 Braemar Street  
Ottawa, ON K1K 3C9  
Tel.: 613-741-4776  
[mpcc@manorpark.ca](mailto:mpcc@manorpark.ca)

**Community Centre:**

100 Thornwood Road  
Ottawa, ON K1K 4Y1  
Tel.: 613-741-4753  
[www.manorpark.ca](http://www.manorpark.ca)

Parent/Guardian Authorization:

The responsibility for administration of medication involves certain elements of risk. Unexpected consequences including, but not limited to, illness, adverse reactions or other complications may occur as a result of the administration (or non-administration) of any medication. These physical reactions result from the medication and can occur without fault on either the part of the student or the MPCC staff or its employees or agents. By requesting and consenting to the administration of medication by employees to your child, you are assuming the responsibility of an unexpected reaction occurring. It is understood that the chances of such a reaction occurring may be reduced by carefully following instructions provided by the physician and/or the pharmacy at all times. If you consent to the administration of medication to your child by the staff, you must understand that you and not MPCC staff, will bear sole responsibility for any physical reaction that might occur.

I have read and understand that by signing this form, I authorize MPCC staff to administer prescription medication or emergency medications described above to my child. I also understand that I assume full responsibility for any reactions which may occur.

Parent(s) Name(s) (please print): \_\_\_\_\_

Parent(s) address: \_\_\_\_\_

Parent(s) Contact: (w) \_\_\_\_\_ (c) \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Medical Administration Procedure Checklist:

- The 'Authorization Form' must be kept with the participant's records and posted in a location which respects the participant's privacy yet permits quick access to instructors in the event of an emergency.
- Staff shall receive training from a physician or the parent on procedures to be followed if a child has an anaphylactic reaction.
- When medication is administered, the participant's parent / guardian will be notified and all procedures outlined will be followed.
- When medication is administered, it will be noted in the daily written record and recorded on the Authorization for the Administration of Medication form.
- Medication must be delivered to the program staff / Instructor in the original container and bearing a prescription label.
- The prescription label must be cross referenced with the 'Authorization Form' to ensure a match. The prescription label must be examined for the date it was dispensed and the expiry date to verify that the medication is a current prescription. These dates must be recorded and initialed on the 'Authorization Form'.
- Medication must be stored out of reach of children.
- Leftover medication and/or medical container will be returned directly into the hands of the participant, or in the case of a child, his/her parent / guardian.
- One person (Program Supervisor) is designated to be in charge of medication and administration of it. The Program Supervisor can also designate another staff to administer the medication.
- Medication is dispensed in a well-lit area and in a quiet environment away from the activity area.

March 30, 2017

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