

2020 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

This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of FIPPA. The information will be used for processing of fees related to the recreation program. Questions can be directed to the District's Privacy Officer at 2167 Oak Bay Avenue, Victoria BC, V8R 1G2, or 250-598-3311, or dhopkins@oakbay.ca.

