

## 2026 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:

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Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

#### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

*The information collected on this form is authorized under Section 26(c) of the Freedom of Information and Protection of Privacy Act, as it relates directly to and is necessary for the safe provision of the District's Children's Licensed care, camps and programs. The information will be stored in a binder/clipboard and securely stored in a District office when not in use. It will be accessible to authorized staff only, including Licensed Care and camps staff, and used for attendance, medical and safety purposes. If you have questions regarding the collection, use and disclosure of personal information, contact the Corporate Services Department at [foi@oakbay.ca](mailto:foi@oakbay.ca) or 250-598-3311.*

