



Vancouver Board of Parks and Recreation  
Administration of Prescribed and Non-Prescribed Medication Form

I hereby give permission to the staff of \_\_\_\_\_ to administer:  
Program Name/Location

\_\_\_\_\_  
Name of Prescription Prescription Number

to my child \_\_\_\_\_ according to Physician's orders/instructions.  
Participant's Name

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date: \_\_\_\_\_

***The Centre retains the right to review the consequences of this request, and may seek to ensure that any deviation from a schedule for the administration of medications shall not cause undue harm to the child.***

**To be completed by a physician**

Medication: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Can medication be safely stored in the program first aid kit? Yes  No

Further instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments (reactions, consequences of missed medication, errors, side effects, and contraindications): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

***\*The name of the medication and patient must be on the vial/bottle for prescription medications or on the copy of the Doctor's note attached for non-prescribed medication***

Note:

- Please use one form for each prescription or refill
- File completed form in child's file or camp file
- Ensure that a copy of a Doctor's note is attached for non-prescribed medication



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Prescribed Medication  Non-Prescribed Medication  Copy of Doctor's Note attached for Non-prescribed Medication

### Record of Administration of Medication

**Office Use:**

To be completed each time a medication is administered

Name of Child: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Physician \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Date	Time	Dosage	Method of Administration (Example: oral/injection/topical)	Administered By:	Initial

**Note:**

- Please use one form for each prescription or refill
- File completed form in child's file or camp file
- Ensure that a copy of a Doctor's note is attached for non-prescribed medication