



Dispensing medication consent and log

Participant Name:

Age:

Time(s) to be dispensed:

Is refrigeration required?: Yes No

Indicate when medication(s) is to be dispensed, in relation to meals:

Potential reactions/side effects:

Any special instructions we should know:

Name and phone number of prescribing doctor:

I authorize the Camp Supervisor to dispense the listed medication(s), with the understanding that there is not a qualified medical person at the program, and the above-named participant must administer their own medication.

I agree to provide, on a daily basis, the daily prescribed dosage of medication in the original prescribed container with a dosage spoon, syringe or measurement cup, as needed. Along with the following information: participant's name; name of the medication and time to dispense; doctor and pharmacy name and phone numbers.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

Personal information contained on this form is collected under the authority of the Municipal Act, and will be used solely to determine details related to the dispensing of medication to the above named child, during the time he/she is participating in a City of Markham Camp program.

Medication dispensing log (to be completed by staff)

Date	Time	Medication and dosage dispensed	Staff name who dispensed	Child's reaction to medication