

# Medication Consent Form



The Town of Milton Community Services Department endeavours to provide a safe and enjoyable environment for everyone. If your child requires medication while attending the program, please read this form carefully and sign below. (For Epi Pens, please refer to Anaphylaxis Emergency Plan Form.)

Year:

## Participant information

Participant name:

Medication name:

Dosage:  Time of dispense for medication:

Does this medication require refrigeration?  Yes  No

Instructions for dispensing medication:

Potential reactions/side effects:

In the event of an adverse reaction CALL:

If parent/guardian is unavailable, transport child to:

## Disclaimer

I understand that any prescription medication that is to be dispensed to my child will be kept in a secured location, with the exception of inhalers (which should be with the child at all times) and will be dispensed at the agreed-upon time as stated above. I agree to provide to staff on a daily basis, the daily prescribed dosage of prescription medication in a visibly marked container (always in the vial the medication was purchased in) with the following information clearly identified on the container:

- Child's name
- Pharmacy name and phone number
- Doctor's name and phone number
- Name of medication
- Dosage and time to administer medication

I authorize the medication to be dispensed, I release the Town of Milton Community Services Department and its staff from any liability or loss, damage or injury, however caused to my child's person or property arising out of dispensing or failure to dispense the prescription medication as provided herein.

Completed by (please print):

Date (mm/dd/yy):

Signature:

Community Services Department, **Mailing Address:** 150 Mary Street, Milton, ON, L9T 6Z5

For more information: **Phone:** 905-875-5393, ext. 2613, **Email:** [recreation@milton.ca](mailto:recreation@milton.ca)

Information provided by the applicant and contained within the application form and any consent attachments, is collected under the authority of the Municipal Act, 2001, Section 11, and will be used to assess medication consent for the Town of Milton, Community Services Department. If you have questions about this collection, please contact the Supervisor, Recreation, 150 Mary Street, Milton, ON L9T 6Z5, 905-875-5393, ext. 2613.

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## Medication Log

| Date<br>(mm/dd/yy) | Time<br>(1:00 pm) | Dosage<br>dispensed | Any reactions/side effects | Given by<br>(Print name) |
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