

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 or Program Supervisor to assist with the listed medication(s), with the understanding that they are not a qualified medical person, 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 Town of Hanover Camp program.

Medication Dispensing Log (to be completed by staff)

Date	Time	Medication & Dosage Dispensed	Staff Name Who Dispensed