

Medication Dispensing Form

Child's Name: _____ Date: _____

Camp / Program: _____

Name of Medication: _____

Type of Medication: _____

Possible Side Effects / Adverse Reactions: _____

Dosage Given: _____

Times Per Day: _____

Storage Requirements (e.g. Refrigeration): _____

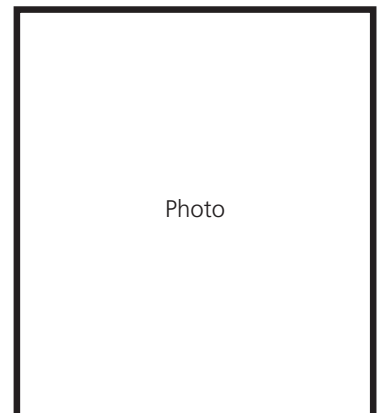
Special Instructions (e.g. Take with food): _____

Note:

- Form must be signed before any medication is dispensed.
- All medication must remain in its original container.
- Participants who need to take prescription medication while at the camp/program must administer that medication independently.

I do hereby release the City of Vaughan and all staff members involved in the dispensing of the above medication to my child.

Personal information on this form is collected pursuant to the Municipal Act, 2001, S.O. 2001 c.25, as amended and will be used for the purpose of providing information about medication accompanying a child to camp and/ or program. Questions regarding this collection may be directed to the Director of Recreation Services, City of Vaughan, 2141 Major Mackenzie Drive, Vaughan, Ontario L6A 1T1, 905.832.8500.



Parent / Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____