



IMPORTANT MESSAGE TO PARENTS/GUARDIANS

As a parent of a child who has enrolled in a City of Brantford program, the staff of this program want to work with you as a team to assure medications that your child may require are dispensed in a proper manner.

To do this, we need parents to do the following:

PARENT/GUARDIAN RESPONSIBILITIES

- ☐ Inform staff of your child's medication needs to review:
 1. Your child's specific signs and symptoms
 2. The desired effect of any medication
- ☐ Sign the necessary authorization forms:
 1. Medication Release Form
 2. Child Information Sheet
- ☐ Assist facility staff by providing adequate information, instruction, clear directions, and orientation for your child's specific needs and update as necessary.
- ☐ Provide the staff with the child's medication on which is clearly marked:
 - Child's name
 - Pharmacy name and address
 - Doctor's name and address
 - Name of medication
 - Dosage and times to administer the medication
- ☐ Advise your child that he/she is to cooperate with staff dispensing his/her medication.

We thank you for your cooperation in this matter.



PARENTAL RELEASE FOR THE ADMINISTRATION OF MEDICATIONS

ALL prescribed medications, including inhalers must be authorized by a physician.

NO medications can be administered without the written consent of the parent/guardian.

Medications will be administered only to the child named on the label.

Over the counter medications must be supplied. No stock is kept.

Please pick-up unused medication when your child is no longer in our program. All unclaimed medications will be disposed of one week after your child leaves the program.

I hereby authorize the administration of : _____
(name of drug or medication)

to _____
(name of child)

For the following reason: _____

Administration instructions: _____

Dosage and times to be administered: _____

Side effects: _____

Signs of allergic reactions: _____

Special instructions for storage: _____

Date of medication expiry: _____

Parent/Guardian signature: _____ Date: _____

The personal information collected on this form by Brantford Parks and Recreation will be used solely to determine and access eligibility for administration of medication and will be collected under the authority of the Municipal Act, RSO 1980, c.302 (as amended). Questions about this collection should be directed to the Director of Parks & Recreation, 1 Sherwood Drive, Brantford, ON N3T 1N3

