



Medication Consent

Only complete this form if Medication is required during program hours. Any questions regarding this form should be brought to the attention of the Recreation Coordinator Child & Youth, 519-623-1340 ext. 4554.

Participants Information	
Last Name:	First Name:
Date of Birth (MO/DY/YR):	Site:

Medication Information					
Medication Name (as it appears on label)	Expiry Date	Dosage	Time of Administration	Storage Requirements	Side Effects
1.					
2.					
3.					
Please indicate how the medication should be taken. For example, meals, water, etc					

My signature shall be your good and sufficient authority to administer the medication and I shall not hold the medication administrator, The Corporation of the City of Cambridge, any related Neighbourhood Association, their employees, volunteers, personnel or agents (collectively, "Medication Administrator") liable for any action whatsoever which may arise out of the said medication administration, either at this given time or at any given time in the future. My signature hereunder shall also serve as an acknowledgement that the designated City of Cambridge employee is not medically qualified to perform this duty.

It is my responsibility to bring and pick up the medication and to ensure it is properly labeled with the Child's name and the name of the drug and to confirm that the drug is not expired. I HEREBY ACKNOWLEDGE that while reasonable precautions are taken by the Medication Administrator to prevent accidents or other adverse occurrences, and in consideration of the Medication Administrator agreeing to allow the Child to attend the _____ program/event, I hereby indemnify, release and hold harmless the Medication Administrator from any and all actions, causes of action, claims and demands for damages, loss or injury howsoever arising out of or in any way attributable to the Child's attendance at the program/event and the medical condition, including without limitation, the administration of the medication and injuries or damages to third parties or property.

Parent/Guardian Name:	Contact Number:	Date:
Signature:		