

MEDICATION CONSENT FORM

It is intent of the Burlington Parks and Recreation Department that your child/teen has a safe and enjoyable experience in our program. If the administration of medication is required by your child/teen while attending the program, please read this form carefully and sign below:

CHILD'S/TEEN'S NAME: _____

Medication: My child/teen needs to receive medication(s) while at the Program

YES[]

NO[]

If "YES", please indicate the following:

1. Type of Medication: _____

2. Dosage (if liquid, specify spoon size): _____

3. Storage: _____

4. Time to be given: _____

5. Reason: _____

6. Are there any side effects of which the program staff should be aware?

7. I authorize the medication to be given/ I fully acknowledge that with administration of medication by staff of the Parks and Recreation there may be certain risks or hazards for which I will not hold the Corporation of the City of Burlington or any of its staff or volunteers responsible.

DATE: _____ PARENTS/GUARDIANS SIGNATURE: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE NUMER: _____

(May 2012)

