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: _____

PHYSCIAN'S PHONE NUMBER:_____

Personal information contained on this form is collected under the authority of the Municipal Act, 2001 S.O. 2001, c. 25 and will be used to administer program participation and to facilitate contacts for emergency management and communication regarding programs. Questions about this collection should be directed to Supervisor of Recreation Services, City of Burlington, 426 Brant Street, Burlington, Ontario L7R 3Z6, 905-335-7600 ext. 7373 or email camps@burlington.ca