

**AUTHORIZATION FOR DRUG/MEDICATION ADMINISTRATION
BOYS AND GIRLS CLUBS OF KAWARTHA LAKES**

This form must be completed by the parent of a child who is requesting that a drug of medication be administered during hours that the child receives child care, in accordance with the Boys & Girls Clubs of Kawartha Lakes medication administration policy and procedures

Child's Full Name: _____

Child's Date of Birth (dd/mm/yyyy): _____

Date Authorization Form Completed (dd/mm/yyyy): _____

Date Authorization Form Updated(dd/mm/yyyy): _____

Name of Drug or Medication (as per the original container label):	
Date of Purchase or Date Dispensed: (dd/mm/yyyy)	
Expiry Date: (dd/mm/yyyy)	
Authorization Start Date (dd/mm/yyyy)	
Authorization End Date (dd/mm/yyyy)	

Method of Medication Administration (initial below)

Boys & Girls Clubs of Kawartha Lakes staff are to administer the drug/medication to my child _____

My Child will self-administer the drug or medication _____
(Optional for children who attend school only)

Authorization for Child to Carry Emergency Asthma Medication

I authorize my child to carry their own asthma medication.

Not applicable (this authorization is not for asthma medication).

Medication Administration Schedule

The drug or medication needs to be administered according to the following schedule:

Day(s) of the week	Time(s) of the Day/Intervals	Amount/Dosage	Additional Information (where applicable)

- This form is required for over the counter and prescription medications
- A separate form is required for each drug or medication that a child requires



AND/OR, where drugs are to be administered on an “as needed” basis:

The drug or medication needs to be administered when the following physical symptoms are observed:

Symptoms:
Amount/Dosage:

Parent/Guardian Authorization Statement:

I hereby authorize a staff member, Coordinator of the department or a designated staff, of the Boys and Girls Clubs of Kawartha Lakes to administer the above-named drug or medication to my child and handle the drug or medication in accordance with the procedures I have provided on this form.

I understand that expired drugs or medications will not be administered to my child at any time in accordance with the Boys & Girls Clubs of Kawartha Lakes medication administration policy.

I understand that staff at Boys and Girls Clubs of Kawartha Lakes are not medically trained to administer drugs and medications.

Print Name:	Relationship to child:
Signature:	Date Signed:(dd/mm/yyyy)

Received By:

Print Name:	Position:
Signature:	Date Signed:(dd/mm/yyyy)