



Yarmouth Community Services

Permission To Administer Medication Form

While medication should ideally be administered at home, we recognize that it is sometimes necessary for a participant to receive medication during the program. In this event, the following procedures will be followed:

1. **All medications** (prescribed and over-the-counter) and a signed copy of this authorization form must be deposited with Program Staff.
2. The participant must be instructed at home or by the family physician to self-administer the medication in the presence of the program staff.
3. Medication must be in an unbreakable container labeled with the participant's name, content, dosage, and time to be administered. Medication sent to the program should not exceed the dosage for one program day.
4. Medication will be kept in a secure location and provided to your child at the appropriate time. If necessary, a program staff member will assist your child with removal of a childproof cap, but will not administer the medication. All medication brought on field trips will be kept in the possession of the Program Instructor.

CHILD'S NAME: _____

PARENT/GUARDIAN'S NAME: _____

NAME OF MEDICATION: _____

PHYSICIAN'S NAME AND PHONE NO.: _____

REASON FOR MEDICATION: _____

Are there any side effects that staff should be aware of? _____

Dosage and time(s) to be given: _____

I hereby request the Yarmouth Community Services' staff to provide the above medication at the time(s) indicated for my child to self-administer. I am aware that this medication will be dispensed by non-medical, recreation personnel. I hereby agree to release and hold the Yarmouth Community Services, its agents and employees harmless from any and all claims, including negligence, which may arise as a result of the administering of the medication.

Signature of Parent/Guardian: _____ Date: _____