

# Parent / Legal Guardian Medication Consent



The personal information on this form is collected under authority of Section 11 of the *Municipal Act 2001*, SO 2001, c. 25. Only a parent/legal guardian shown on this form and City of Mississauga Staff are entitled to have access to the information indicated on this form. This form will be used to administer the City of Mississauga Recreation Programs. Questions about this collection should be directed to: Manager, Customer Service Centre, 301 Burnhamthorpe Road West, Ground floor, 905-615-3200 x5037.

**ONLY COMPLETE THIS FORM IF CHILD REQUIRES MEDICATION DURING CAMP HOURS**

**Participant**

Last Name - CHILD	First Name - CHILD	Date of Birth (YYYY/MM/DD)
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**Parent / Legal Guardian Information**

Last Name - PARENT/LEGAL GUARDIAN	First Name - PARENT/LEGAL GUARDIAN	
Home Phone	Business Phone	Cell/Emergency Phone

**Primary Doctor Information**

Last Name	Initial	Phone
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**City Program**

Program Name
Program Location
Weeks Attending (circle attending weeks)
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

**Medication**

Medication Name	Expiry Date	Dosage	Time of Administration	Storage Requirements	Side Effects
1.					
2.					
3.					
4.					

Should the medication dosage change while the participant is registered at the program, it is the parent/guardian's responsibility to make the necessary revisions to the medication consent form or to complete a new medication consent form immediately.

I fully acknowledge that while all precautions for the safe and responsible administration of medication will be taken, the delegated staff person of the City of Mississauga is not medically qualified to perform this duty and that inherent in this, there may be certain risks or hazards for which I will not hold the Corporation of the City of Mississauga or any of its employees or volunteers responsible.

I also agree that I will ensure that any medication I bring for my child each day has not expired and will be picked up and taken home daily.

Signature - Parent / Legal Guardian and/or Individual 16 years of age or older (signing on own behalf)	Date (YYYY/MM/DD)
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