

Parent / Legal Guardian Medication Consent



City of Mississauga
Community Services Department

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) 1 2 3 4 5 6 7 8 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)
Signature - Parent / Legal Guardian and/or Individual 16 years of age or older (signing on own behalf)	Date (YYYY/MM/DD)

Third Party Medication Administration Consent (Prescription, Non-Prescription, or Natural)



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This form requires completion when Parent/Legal Guardian is providing consent for a trained and qualified individual 16 years of age or older ("Designated Person(s)") to administer medication required during program time, when the participant is unable to self-administer. The Designated Person(s) will be required to provide Photo Identification. The Designated Person(s) must be provided by the Parent/Legal Guardian and may not be Program Staff hired by the City of Mississauga or Volunteers assigned by the City.

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 - LEGAL PARENT/GUARDIAN	
Home Phone	Business Phone	Work or Other Emergency Phone

Primary Doctor Information

Last Name	Initial	Phone
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City Program Information

Program Name	Program Location
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Medication

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

Consent

I hereby give my consent for the following Designated Person(s) to administer the medication, as prescribed and noted above:		
Last Name	Name	Middle Initial
Last Name	Name	Middle Initial
Last Name	Name	Middle Initial

Should the medication or dosage required change while the participant is registered in the program, it is the Parent/Legal Guardian's responsibility to make the necessary revisions to this form or to complete a new form immediately.

I fully acknowledge that while all precautions for the safe administration of medication will be taken, City of Mississauga Staff are not medically qualified to supervise 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 understand that it is my sole responsibility to provide qualified and trained person(s) to administer medication to my child on my behalf (Designated Person(s)). The administration of medication is not overseen by any City of Mississauga employees or volunteers and is strictly the responsibility of the Parent/Legal Guardian and their elected Designated Person(s). I also agree that I will ensure that all medication I provide 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
Signature - Parent / Legal Guardian and/or Individual 16 years of age or older (signing on own behalf)	Date