

ADMINISTRATION OF PRESCRIBED AND NON-PRESCRIBED MEDICATION FORM

Parent/Guardian to complete one form for each medication.

Office Use Only

Approved Name (print): _____ Title: _____

Signature: _____ Date: _____

Not Approved Name (print): _____ Title: _____

Signature: _____ Date: _____

Refusal due to:

Staff lack the specialized training required to administer the medication

Environment/location concerns that would impact the safe administration of medical administration

Staff/participant ratios deemed as unsuitable for safe medication administration

Concerns relating to the safety of staff and/or participant

Expired Medication

Prescription bottle not properly labelled

Non-prescribed medication is not in exact dosage

Medication side effects are in conflict with planned activities

Prescribed Medication Non-Prescribed Medication (to accompany participant in exact dosage)

Participant's Name: _____ Program Name: _____

Program Location: _____ Activity #: _____ Start Date: _____

Name of Parent/Guardian: _____ Telephone #: _____

Medication: _____ **Expiry Date:** _____

Can medication be safely stored in the program first aid kit? Yes No

Further instructions/signs and symptoms: _____

Is non-prescribed medication in exact dosage? Yes No

OFFICE USE:

Update each time a medication is administered.

Date	Dosage	Time	Method of Administration (Example: oral/injection/topical)	Administered By	Initial

Parent/Guardian Signature: _____ Date: _____

