

Affix Photo
If case where
medication is
an epinephrine
auto-injector.

Medication Administration Request Form

REF: Parks & Recreation Policy 9.2.0. Medication Administration and
Parks & Recreation Policy 8.5.0. Conditions of Enrolment

To be completed by the participant or parent / legal guardian of the participant

Participant's Name: <input type="text"/>	Participant's Date of Birth <div style="text-align: center;"> ____ / ____ / ____ DD / MM / YYYY </div>	Participant address: <input type="text"/>	Participant Emergency Contact: <input type="text"/>
Participant/parent/guardian signature: <input type="text"/>			Emergency Number: <input type="text"/>

Name of Medication as it Appears on the Label	P = Prescription NP = Non-Prescription	Medication Expiry Date dd/mm/yyyy	Treatment end date dd/mm/yyyy	Possible Side Effects (if any)	Administration Schedule (time to be given)	Dosage & Route	Storage Instructions

Please indicate special instructions for taking medication (i.e. with meals, drink plenty of water).