



\*\*\*Attach signed terms and conditions form to the registration form\*\*\*

**Terms and Conditions for Parks, Recreation and Cultural Services staff to administer, supervise the administration or store participant medication**

**Please read carefully**

1. I agree to provide the Parks, Recreation and Cultural Services Department staff with:
  - a. **In the case of Non-prescription Medication and Natural medicine**
    - i. Staff will ask for and receive a physician's written order before agreeing to administer, store or supervise the administration of *Non-Prescription Medication/ Alternative Medicine*. All non-prescription medication must be supplied in its original container, dated and labelled with the participant's name.
  - b. **In the case of Prescription medication**
    - i. will have the original pharmacist's label with the participant's name, the physician's name, the name of the medication, the dose, the medication route, the schedule for administration and instructions for storage.
  - c. **Photograph – in the case of epinephrine auto-injectors**
    - i. **ONE photograph** that will be affixed to the Medication Administration Request Form.
  - d. **Two** Epipen®, two Allerject® or two TwinJect® brand auto-injectors of epinephrine if my child suffers from life threatening allergies. The Epipen®/TwinJect®/Allerject® must be prescribed by a physician and labelled with the pharmacist label. I understand that I am responsible for regularly checking my child's Epipen®/TwinJect®/Allerject® for expiration and discoloration.
  - e. **I understand that in the case of the TwinJect auto injector, City of Ottawa Staff will not administer the second dose but will use the second TwinJect provided or an Epipen.**
2. The City of Ottawa will refuse participation in the registered program if the above Terms and Conditions have not been followed.
3. The City of Ottawa will refuse participation in the registered program to the client that requires the use of emergency medication (i.e. Nitroglycerin, inhaler, Epipen) and comes to the program without their medication.
4. I agree that City of Ottawa staff may refuse to administer, supervise the administration or store medication where the labels on the medication container(s) do not contain all the information specified above.
5. Any directions that deviate from the City of Ottawa policy will be reviewed through consultation with the Training Specialist or his/her designate on a case-by-case basis.
6. I understand that not all City of Ottawa staff participating in the Medication Administration policy are trained health professionals and that the administration of medication is being provided by or, on behalf of the City of Ottawa, on a purely voluntary and gratuitous basis. As the Participant or Parent/Legal guardian of the Participant/Client receiving medication, I fully understand the nature and extent of the risks involved in administering medication.

I confirm that I have read, understood and completed this agreement and the Enrolment form. I am aware that by signing this agreement I have agreed to assume full legal liability for all risks involved in having the City of Ottawa administer medication under the provisions of this agreement to the named participant.

**I authorize the City of Ottawa's Parks Recreation and Cultural Services Department staff to** (please check the appropriate box):

- Supervise the named participant in the administration of his/her own medication.
- Administer medication to the named participant.
- Share personal and confidential information in the case of an emergency responder.

\_\_\_\_\_  
**Name of Participant or Parent/Guardian** if Participant is under the age of 18 or an adult who lacks the capacity to provide informed consent (please print).

\_\_\_\_\_  
**Signature of Participant or Parent/Guardian** if Participant is under the age of 18 or an adult who lacks the capacity to provide informed consent.

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                  MM                  DD                  YYYY

Personal information contained on this form is collected under the Authority of the Municipal Act., 2001, S.O. 2001, c.25, sections 8 and 11(1) 5.). This information is collected for the administration and management of the City of Ottawa's Parks and Recreation Programs. Questions about the collection and use of this information should be directed to the Insurance Services Coordinator, Risk Management, City of Ottawa, 100 Constellation Crescent., 4th Floor West Tower, Ottawa, Ontario, K2G 6J8, 580-2424 Ext. 43625.