

MEDICATION CONSENT FORM

Revised April /08

CHILD'S NAME _____

REASON FOR DRUG _____

THIS MEDICATION IS: PRESCRIBED _____ NON-PRESCRIBED _____

PERSON WHO WILL ADMINISTER DRUG _____

TIMES TO BE ADMINISTERED _____

DIRECTION FOR ADMINISTERING DRUG _____

REFRIGERATION NEEDED

YES

NO

DATES TO BE ADMINISTERED: FROM _____ TO _____

The Yellowknife Day Care Association will agree to let a staff member administer drugs as requested by a parent with the understanding that none of our employees, can be held responsible for any effects or reactions caused by the administration or non-administration of any drug. If the administration of a drug is essential to the child's well being, the parent should consider either not bringing the child into the centre or administering the drug in person. No drug of any kind will be administered without signature of this form.

We will administer a drug only if it is in the original container, with the pharmacy name, child's name, expiry date and directions on the container. It must be in a container (baggie) with the child's name clearly written on the outside.

Parent / Guardian Signature

Date

(Please keep in mind that a child that is sick enough to require drugs is probably too sick to participate in day care activities.)

DATE ADMINISTERED TIME ADMINISTERED ADMINISTRATOR

DATE ADMINISTERED	TIME ADMINISTERED	ADMINISTRATOR