Summer Day Camp Program
Vanastra Recreation Centre
26 Toronto Blvd.
Vanastra, Ontario N0M 1L0
(519) 482-3544

MEDICATION CONSENT & RECORD

(completed form to be mailed in with Monthly Attendance Form)

Child's Name: _____

Name of Medication: _____

Start Date: _____ End Date: _____

Dosage of Medication Prescribed: _____

Times to be administered: _____

Storage Instructions (INACCESSIBLE TO CHILDREN): _____

I request that and give permission for the provider to administer oral medication to my child. I am providing the above medication **in its original container and labeled with my child's name and the correct dosage.**

_____ _____

Signature of Parent/Guardian Date

DISPENSING RECORD

Date	Time Given	Dosage	Administered by (signature)	Comments/ Observations