



City of London
Parks and Recreation

MEDICATION USAGE AND CONSENT FORM

Program: _____

Site: _____

Senior Staff: _____

I hereby authorize the City of London to administer the following prescribed medication:

Child's Full Name: _____

Medication Name: _____

Amount of Medication: _____

Time(s): _____

From: Start Date: _____

End Date: _____

Possible Side Effects: _____

Prescribing Physician: _____

Phone: _____

Parent/Guardian Name

Date

| Details | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
|-----------------------|--------|----|---------|----|-----------|----|----------|----|--------|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Staff Initials | | | | | | | | | | |
| Time Given | | | | | | | | | | |
| Amount Prescribed | | | | | | | | | | |
| Side Effects (if any) | | | | | | | | | | |