

Parent Medication Consent



City of Mississauga
Community Services Department
Recreation and Parks
Tel: 905-896-5883

Personal information on this form is collected under the authority of Section 207(28) of the Municipal Act, R.S.O. 1990, cM45. The information will be used for the administration of the City of Mississauga Recreation and Parks Youth Services programs and specifically the release of children involved in the programs. Questions about this collection should be directed to: Freedom of Information Coordinator, Office of the City Clerk, City of Mississauga, 300 City Centre Drive, Mississauga, Ontario L5B 3C1, Telephone 905-896-5421. *This number for FOI information ONLY.*

Participant

Last Name - CHILD	First Name - CHILD	Age
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Parent / Guardian Information

Last Name - PARENT/GUARDIAN	First Name - PARENT/GUARDIAN	
Home Phone	Business Phone	Emergency Phone

Doctor Information

Last Name	Initial	Phone
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Program

Program Name
Program Location
Weeks Attending (circle attending weeks)
1 2 3 4 5 6 7 8 9

Medication

Medication	Dosage	Time of Administration	Storage Requirements	Side Effects
1.				
2.				
3.				
4.				

Should the medication dosage change while the participant is registered at the program, it is the parent/guardian's responsibility to make the necessary revisions to the medication consent form or to complete a new medication consent form immediately.

I fully acknowledge that while all precautions for the safe and responsible administration of medication will be taken, the delegated staff person of the City of Mississauga is not medically qualified to perform this duty and that inherent in this, there may be certain risks or hazards for which I will not hold the Corporation of the City of Mississauga or any of its employees or volunteers responsible.

I also agree that I will ensure that any medication I bring for my child each day will be picked up and taken home daily.

Signature - PARENT / GUARDIAN	Date
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