



RELEASE & PARTICIPANT MEDICATION PERMISSION AND RECORD

R 1692 (R2011-05)

Name of participant "my child"
Medication Instructions (complete a new form for each medication)
I hereby request that the medication described below be administered to my child.
Medication Name:
Time to be administered: am / pm Dosage:
Special Requirements (with/without food, liquids, refrigeration, etc.)

MEDICATION PERMISSION

(MUST be returned to the program leader on the first day of the program)

I hereby request and grant permission for my child

(name of participant/my child)

to receive his/her medication at the following Calgary Recreation program(s):

Table with 2 columns and 2 rows for listing programs.

Medication shall be (please check one):

- SELF-ADMINISTERED
Participant will secure the medication and administer themselves. There is no action required by program staff.
STAFF MONITORED
Program staff will store the medication and supervise the intake of medications according to the information provided by the parent.



PARTICIPANT MEDICATION PERMISSION AND RECORD

R 1692 (R2011-05) B

The person who will be administering this medication is not a healthcare professional, but I have satisfied myself that they can carry out this responsibility. _____ (initial)

It is my responsibility to ensure that The City of Calgary is given up-to-date, accurate and complete information regarding the medication. _____ (initial)

It is my responsibility to provide clear instructions regarding the use of the medication and ensure the medication in containers is clearly labelled by a pharmacist with instructions regarding its storage and dosage. _____ (initial)

It is my responsibility to immediately advise The City of Calgary of any changes regarding the use of the medication. _____ (initial)

The first dose of any new medication must be given at home. _____ (initial)

The City may secure such medical advice and services as it, in its sole discretion may deem necessary for the health and safety of my child and I shall be financially responsible for such advice and services. _____ (initial)

I have read the procedures outlined on this form and assume responsibility as required. _____ (initial)

Table with 5 columns: Date, Time, Dosage Given, Monitored By, Witnessed By. Header: To be completed by program staff

In consideration for the City of Calgary allowing my child to participate in the above noted program(s) notwithstanding my child's need for the administration of medication as I have outlined on this form:

I, on my own behalf and as guardian, on behalf of my child release and discharge The City of Calgary, its agents and employees from any and all claims, actions, demands, damages, losses or costs of any kind, including any claims for personal injury or negligence arising out of the maintenance, storage, administration of or failure to administer medication as outlined on this form.

I, agree to indemnify and hold harmless The City of Calgary, it agents and employees from any and all claims, actions, demands, damages, losses or costs of any kind including any claims for personal injury or negligence arising out of the maintenance, storage, administration of or failure to administer medication as outlined on this form.

I understand that by signing this form I may effect my legal rights and those of my child as against The City of Calgary, its agents and employees.

Parent or Guardian (print) (If participant is under 18 years of age)

Parent or Guardian (signature) (If participant is under 18 years of age)

Date (YYYY-MM-DD)

Witness Name (please print)

Witness Signature

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act for the purpose of supplying information about a program participant's medical needs and for staff to record the medication administered. For more information contact the Customer Services Centre at 403-268-3800.