



City of Markham  
Recreation Services



**DISPENSING MEDICATION CONSENT AND LOG FORM**

NOTE: PLEASE SEND THE DAILY DOSAGE IN THE ORIGINAL, PRESCRIBED CONTAINER ONLY.

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Time(s) to be dispensed: \_\_\_\_\_ Is refrigeration required? YES ( ) NO ( )

Indicate when medication(s) is/are to be dispensed in relation to meals: \_\_\_\_\_

Potential reactions/side effects: \_\_\_\_\_

Any special instructions we should know: \_\_\_\_\_

Name and phone number of prescribing doctor: \_\_\_\_\_

**The chart below is to be complete by staff only**

DATE	TIME	MEDICATION & DOSAGE DISPENSED	WHO DISPENSED MEDICATION (staff name)	CHILD'S REACTION TO MEDICATION

I authorize the **Camp Supervisor** to dispense the listed medication, **with the understanding that there is not a qualified medical person at the program** and the above-named participant must administer his/her own medication.

I agree to provide, **on a daily basis, the daily prescribed dosage of medication in the original prescribed container with a dosage spoon, syringe or measurement cup if needed** and the following information: participant's name, pharmacy name and phone number, name and phone number of doctor, name of the medication, and time to dispense medication.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information contained on this form is collected under the authority of the Municipal Act, and will be used solely to determine details related to the dispensing of medication to the above named child during the time he/she is participating in a City of Markham Camp program.