

HIGH PARK EARLY LEARNING CENTRE

17 HIGH PARK AVENUE, TORONTO ONTARIO, M6P 2R5 Tel: 416 760-9958 Fax: 416 760-7460

AUTHORIZATION FOR DRUG/MEDICATION ADMINISTRATION

This form must be completed by the parent of a child who is requesting that a drug or medication be administered during hours that the child receives child care, in accordance with the child care centre's medication administration policy and procedures.

Child's Full Name: _____

Child's Date of Birth (dd/mm/yyyy): _____

Date Authorization Form Completed (dd/mm/yyyy): _____

Date Authorization Form Updated (dd/mm/yyyy): _____

Parent/Guardian Authorization Statement:

I hereby authorize the person in charge of drugs or medications at High Park Early Learning Centre to administer the above-named drug or medication to my child and handle the drug or medication in accordance with the procedures I have provided on this form.

I understand that expired drugs or medications will not be administered to my child at any time in accordance with the child care centre's medication administration policy.

I understand that staff at High Park Early Learning Centre are not medically trained to administer drugs and medications.

Print name:	Relationship to Child:
Signature:	Date Signed: (dd/mm/yyyy)

Received By:

Print name:	Role at Child Care Centre:
Signature:	Date Signed: (dd/mm/yyyy)

Name of Drug or Medication (as per the original container label):	
Date of Purchase or Date Dispensed: (dd/mm/yyyy)	
Expiry Date: (dd/mm/yyyy)	
Authorization Start Date: (dd/mm/yyyy)	
Authorization End Date: (dd/mm/yyyy or ongoing)	

Method of Medication Administration (initial below)

Child care centre staff are to administer the drug or medication to my child. _____

