

**ADMINISTRATION OF PRESCRIBED AND NON-PRESCRIBED
MEDICATION FORM**

Parent/Guardian to complete one form for each medication.

Personal Information is collected for the purposes of administering recreation and culture programs. The City of Surrey is collecting this information under s.26 (c) of the Freedom of Information and Protection of Privacy Act. For questions regarding the collection of personal information, please contact the Business Operations Manager, 13450-104th Ave, Surrey, BC, Canada V3T 1V8, 604-598-5775

Office Use Only

Approved Name (print): _____
TC Manager/Coordinator/Community Services Assistant 5

Signature: _____ Date: _____

Not Approved Name (print): _____
TC Manager/Coordinator

Signature: _____ Date: _____

Refusal due to:

____ Staff lack the specialized training required to administer the medication
 ____ Environment/location concerns that would impact the safe administration of medication administration
 ____ Staff/participant ratios deemed as unsuitable for safe medication administration
 ____ Concerns relating to the safety of staff and/or participant
 ____ Expired Medication
 ____ Prescription bottle not properly labelled
 ____ Non-prescribed medication is not accompanied with a Doctor's note
 ____ Medication side effects are in conflict with planned activities

Prescribed Medication Non-Prescribed Medication Copy of Doctor's Note attached for Non-prescribed Medication

Participant's Name: _____ Program Name: _____

Program Location: _____ Course #: _____ Start Date: _____

Name of Parent/Guardian: _____ Telephone #: _____

Medication: _____ Expiry Date: _____

Can medication be safely stored in the program first aid kit? Yes No

Further instructions/signs and symptoms: _____

OFFICE USE:
Update each time a medication is administered.

Date	Dosage	Time	Method of Administration (Example: oral/injection/topical)	Administered By	Initial

Parent/Guardian Signature: _____ Date: _____