



**Trinity Bellwoods Community
Children's Group/C.A.R.E.**

155 Crawford Street, Toronto, Ontario M6J 2V6 ☎ 416-537-9021

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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 home child care agency's medication administration policy and procedures. This includes

Child's Full Name:

Child's Date of Birth:

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

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

**ATTACH
PHOTO
OF
CHILD
HERE**

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)

- ☐ ___ Trinity Bellwoods Community Children's Group/CARE is to administer the drug or medication to my child.
- ☐ ___ My child will self-administer the drug or medication (optional, for children who attend school only).

Authorization for Child to Carry Emergency Allergy Medication

- ☐ I authorize my child to carry their own asthma medication.

Trinity Bellwoods Community Children's Group/CARE responsibilities:

- ☐ Provide allergy awareness education and emergency training for all staff.
- ☐ Post the Anaphylaxis Plan prominently in relevant areas (e.g., snack area, office, main room)
- ☐ Alert substitute or new staff to the child's Anaphylaxis Plan and the location of asthma puffers.
- ☐ Implement "allergy-sensitive" policies.
- ☐ Have a back-up supply of "safe" foods (agreed to with parents) in case a lunch or snack from home is forgotten, or the child's pick-up is delayed because of weather or another emergency.
- ☐ Take asthma devices and the child's Emergency record along on any outing or field trip.
- ☐ An early childhood educator will supervise, or ride with this child in a bus or other vehicle (trips)
- ☐ **Supervisors' Initials** _____

I, the undersigned parent/guardian authorizes any adult to administer or assist my child _____ with his/her asthma medication in the event of a reaction as described above. This protocol has been recommended by the child's physician. I also consent to the posting of this plan in every room operated by Trinity Bellwoods Community Children's Group/CARE . I also consent to my child carrying his/her own asthma medication and I have completed a Medication Dispensing Form.

- ☐ I have attached a current photo of my child.
- ☐ I give permission for my child's photo to be placed on the Anaphylaxis Emergency Plan, and for that plan to be posted appropriately.

Parent/Guardian's signature _____ **Date** _____
Supervisor(s) Signature _____ **Date** _____

OR,

I, _____, the undersigned parent/guardian, understand that by not providing staff with training regarding my child, _____, in accordance with current provincial guidelines, I assume full responsibility for any potential health risks that may be involved in participation in programs provided by the Trinity Bellwoods Community Children's Group/CARE.

Parent/Guardian's signature _____ **Date** _____

Supervisor(s) Signature _____ **Date** _____

Parent/Guardian Authorization Statement:

I hereby authorize **Trinity Bellwoods Community Children's Group/CARE** 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 home child care agency's medication administration policy.

I understand that the child care providers 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:
Signature:	Date Signed: (dd/mm/yyyy)

For Agency/Provider Use Only

Location medication will be stored:

Date Medication Returned to Parent / Pharmacy (dd/mm/yyyy):

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