

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

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

PLEASE "Save a Copy" to your device to edit this document.

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:		ATTACH PHOTO OF	
Date Authorization Form Compl	eted (dd/mm/yyyy):	CHILD HERE	
Date Authorization Form Update	ed (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 Adr ☐ Trinity Bellwoods Comm child.	•	elow) RE is to administer the drug or med	lication to my
	ster the drug or medication	(optional, for children who attend s	school only).
Authorization for Child to ☐ I authorize my child to carry the		lergy Medication	

Day(s) of th	e Week	Time(s) of the I Intervals	Day /	Amount/Dosage	Int	lditional formation (wher
					ар	plicable)
AND/OR	where drug	ne are to he	administa	red on an 'as r	eeded' h	aeie:
·		_				
☐ The drug	or medication	needs to be adm	inistered when	n the following phy	sical sympto	oms are observed:
\mount/Do	sage:					
Amount/Do	sage:					
Amount/Do	sage:					
Amount/Do	sage:					
Amount/Do	sage:					
Amount/Do		mergency	contac	et informati	ion	
	Eı			t informat		Call
Amount/Do	E _I	Relationshi	Home	Work	(Cell Phone
	Eı	Relationshi			(Cell Phone
	E _I	Relationshi	Home	Work	(
	E _I	Relationshi	Home	Work	(
Name	Ei F	Relationshi	Home	Work	(
Name	E _I	Relationshi	Home	Work	(
Name Parent re	Ei F p sponsibilit	Relationshi	Home Phone	Work Phone	(
Name Parent re	Ei F p sponsibilit	Relationshi les: cation and replac	Home Phone	Work Phone		Phone
Name Parent re	sponsibilit Provide medi Complete and	Relationshi les: cation and replaced sign (with the care)	Home Phone	Work Phone		Phone
Name Parent re	sponsibilit Provide medi Complete and annually or as	Relationshi les: cation and replaced sign (with the case changes developed to the case changes	e before the ehild's doctor in	expiry date.	nylaxis Plan	Phone and review
Name Parent re	sponsibilit Provide medi Complete and annually or as Fill out and s	Relationshi les: cation and replaced sign (with the case changes developing a Medication	e before the ehild's doctor in consent form	Work Phone	nylaxis Plan	Phone and review
Name Parent re	sponsibilit Provide medi Complete and annually or as Fill out and so Community (cation and replaced sign (with the case changes developing a Medication Children's Group	e before the enhild's doctor in consent form	expiry date. f applicable) Anapl	nylaxis Plan	Phone and review
Name Parent re	sponsibilit Provide medi Complete and annually or as Fill out and so Community (cation and replaced sign (with the case changes developing a Medication Children's Group	e before the enhild's doctor in consent form	expiry date.	nylaxis Plan	Phone and review
Name Parent re	Sponsibilit Provide medi Complete and annually or as Fill out and s Community C Make sure the	cation and replaced sign (with the case changes developing a Medication Children's Group are child wears a Medication children's Group are children c	e before the ehild's doctor in consent form /CARE.	expiry date. f applicable) Anapl	nylaxis Plan or Trinity Be	Phone and review
Name Parent re	sponsibilit Provide medicomplete and annually or as Fill out and sommunity Community	cation and replaced sign (with the case changes developing a Medication Children's Group as a food allergy,	e before the e hild's doctor in consent form /CARE. MedicAlert bra provide all n	expiry date. f applicable) Anapl and record sheet for	nylaxis Plan or Trinity Be	Phone and review
Name Parent re	sponsibilit Provide medicomplete and annually or as Fill out and stommunity (Make sure the If the child he Discuss approximation).	cation and replaced sign (with the construction and replaced sign (with the construction and medication and medication construction). The child wears a Massa food allergy, opriate location of	e before the end of the consent form a consent form a consent form a provide all multiple of the consent form a sthma med	expiry date. f applicable) Anapl and record sheet for	nylaxis Plan or Trinity Be ed. om home.	and review
Parent re	Provide medi Complete and annually or as Fill out and si Community C Make sure th If the child h Discuss appro- Be involved v Update Trinit	cation and replaced sign (with the case changes developing a Medication Children's Group, are child wears a Nas a food allergy, opriate location owith staff training y Bellwoods Corr	e before the end of the consent form of the consent form of the consent form of the consent form of asthma med of for emergence of the consent for the consent form of the consent form of the consent form of the consent form of the consent for the consent form of the consent form of the consent form of the consent for the consent form of the con	expiry date. f applicable) Anapl and record sheet for tag if need neals and snacks from ication with staff.	nylaxis Plan or Trinity Be ed. om home. ne devices of	and review ellwoods

	Provide allergy awareness education and emer Post the Anaphylaxis Plan prominently in relev		
_	room)	· ·	
	Alert substitute or new staff to the child's Ana puffers.	phylaxis Plan and the location of asthma	
	Implement "allergy-sensitive" policies.		
	Have a back-up supply of "safe" foods (agreed		
	from home is forgotten, or the child's pick-up i emergency.	is delayed because of weather or another	
	Take asthma devices and the child's Emergence	cy record along on any outing or field trip.	
u	An early childhood educator will supervise, or (trips)	r ride with this child in a bus or other vehicle	
	Supervisors' Initials		
I the unders	signed parent/guardian authorizes any adult to ac	dminister or assist	
my child	signed parent guardian admortizes any addit to a	with	
	na medication in the event of a reaction as descri	ribed above. This protocol has been	
	ed by the child's physician. I also consent to the		
by Trinity B	ellwoods 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.	
	T1		
	I have attached a current photo of my child. I give permission for my child's photo to be pla	acad on the Ananhylavic Emergency Plan	
_	and for that plan to be posted appropriately.	aced on the Anaphylaxis Emergency Flan,	
	and for that plan to be posted appropriately.		
	rdian's signature	Date	
Supervisor((s) SignatureDate	e	
	OR.		
	<u>OII</u>		
Į,		, the undersigned	
parent/guard	lian, understand that by not providing staff with		
		, in accordance with current provincial	
	assume full responsibility for any potential heal		
participation	in programs provided by the Trinity Bellwoods	Community Children's Group/CARE.	
Parent/Gua	rdian's signature	Date	
Supervisor(s) Signature	Date	

Trinity Bellwoods Community Children's Group/CARE responsibilities:

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):

© Canadian Paediatric Society, 2008. Reprinted from Well Beings: A Guide to Health in Child Care (3rd edition). May be reproduced for educational purposes, and for use in child care