Boys & Girls Clubs
of Central Vancouver Island

MEDICATION ADMINISTRATION CONSENT FORM

I, _____, hereby give my permission for the Boys and Girls Club staff to administer the following required medication for my son/daughter _____ as it is needed in the dosage/s indicated below.

It is further understood that only the Boys and Girls Club staff may administer the medication named and provided to my child.

********Please also note that medication MUST be in a labeled prescription container.*********

_____ _____

Printed Name **Signature**

_____

Date Signed (mm/dd/yy)

MEDICATION REQUIRED

1. _____

2. _____

Doctor's Name: _____ Contact Number: _____

Special Instructions: Indicate number of dosages per day and any possible side effects and if food or drink is required: _____

_____

_____

Date	Time	Dose	Staff Signature