

Medication Parent Authorisation

14423160 Canada Foundation

For parent / guardian completion only. Medication must be supplied in its original labelled container. If directions differ from the label, or for emergency medication, attach written physician / pharmacist instructions or care plan.

1. Child & Parent Details

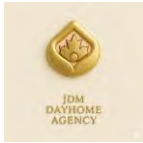
Child Full Name		Date of Birth	
Parent / Guardian		Phone Number	
Alternate Contact		Emergency Phone	
Physician / Clinic		Health Care No.	

2. Medication Details

Medication Name		Prescription / OTC	
Reason for Medication		Strength	
Dose to be Given		Route	
Time / Frequency		Start & End Dates	
Storage Instructions		Side Effects / Allergies	
Special Instructions		Physician Instructions Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Parent Authorisation

I authorise JDM Dayhome Agency and the dayhome educator to administer the medication listed above to my child.



- I confirm the medication has been provided in the original labelled container.
- I understand the medication will be given according to the label directions unless written medical instructions are attached.
- I will notify the agency / educator immediately, in writing, of any change to the medication or instructions.
- For emergency medication, I authorise immediate administration in accordance with the attached emergency plan.

4. Signature

Parent / Guardian Name		Date	
Parent / Guardian Signature		Provider Acknowledgement	

One-time authorisation for the medication named above. A new form is required if any medication details change.