

Personal information on this form is collected pursuant to Section 11 of the Municipal Act, 2001 and will be used to assist with the administration of medication. Questions about this collection should be directed to the City's Freedom of Information Coordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7, by phone at 905-436-3311 or by email at clerks@oshawa.ca.

Terms and Conditions for Recreation Services Staff to administer, supervise the administration, or store the Participant's medication.

1. I agree to provide Recreation Services Staff with:
 - a. All **non-prescription** medication in its original container dated and labeled with the Participant's name. I understand that Recreation Services Staff has the right to ask for a physician's order before agreeing to administer, store or supervise the administration of non-prescription medication.
 - b. All **prescription** medication in the original container dated, labeled and supplied by the pharmacist. The label will contain: the Participant's name, the physician's name, the name of the medication, the dose, the medication route, the schedule for administration and instructions for storage.
 - c. **Two current photographs** if there is a requirement to administer emergency medication, i.e. EpiPen. I understand that one photograph will be affixed to this form and one will be affixed to the **Medication Log**.
2. I agree that City of Oshawa Staff may refuse to administer, supervise the administration or store medication where the label(s) on the medication container(s) do not contain all the information specified above.
3. I understand that none of the City of Oshawa Staff are trained health professionals and that the administration of medication is being provided by City of Oshawa Staff on a purely voluntary and gratuitous basis. As the Participant or Parent/Guardian of the Participant receiving medication, I fully understand the nature and extent of the risks involved in administering medication.

I confirm that I have read and understood and completed this agreement. I am aware that by signing this agreement I have agreed to assume full legal liability for all risks involved in having the City of Oshawa administer medication under the provisions of this agreement to the named Participant.

I authorize the City of Oshawa's Recreation Services Staff to (please check the appropriate box):

- Supervise the named Participant in the administration of his/her own medication
 Administer medication to the named Participant

Name of Participant:

Signature of Parent/Guardian:

Date:

(If Participant is under the age of 18 or an adult who lacks the capacity to provide informed consent.)

Medication Log

To be completed by the Participant or Parent/Guardian of the Participant.

Participant's Name:	Participant's Date of Birth:
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Name of medication as it appears on the label	P= Prescription NP= Non- Prescription	Possible side effects (if any)	Administration Schedule (Time to be given)	Dosage & Route	Storage Instructions

Please indicate special instructions for taking medication (i.e. with meals, drink plenty of water):

Signature of Parent/Guardian:	Date:
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(If Participant is under the age of 18 or an adult who lacks the capacity to provide informed consent.)