



Permission to Administer Medication Form

I _____ give EcoQuest (run by Richardson Sport Inc) permission to
Parent/Guardian's Name (printed)

administer _____ as directed,
Name of Medication/Prescription

to my child _____ for _____
Child's Name (printed) Reason

1. The information on this form may be used by Richardson Sport Inc to administer or authorize appropriate health care or medical attention for the participant, if needed.
2. **PARENTS:** All medications (including those taken only as needed, sometimes noted on prescriptions as PRN) must be recorded. All medications should be placed in a resealable bag (e.g., Ziploc) with the participant's name on the outside of the bag. Medications must be in original packaging, clearly labelled with the participant's name and dosage instructions. Medications are to be self-administered by the participant except in cases where supervisors may need to assist younger campers or when an Epi- pen needs to be used. Medications are to be given to the designated first aider upon arrival at the activity. The first aider will supervise participants when they are taking their medication.
3. If any medical information or prescriptions are to change it is the parent's responsibility to provide this information to Richardson Sport Inc in writing immediately.

 Parent/Guardian's Signature

 Witness Signature

Medication Administration Record:

Date	Time	Medication	Dosage	Comments	Staff Signature