

ST. PATRICK'S OUT OF SCHOOL CARE PROGRAM

MEDICATION CONSENT FORM

By signing below you give consent for the Out of School Program staff to administer emergency medications (ie: Epi-pen, inhaler) (provided by you) to your child.

Child's Name _____

Type of Allergy _____

Possible Symptoms _____

Medication name/s _____

Expiry Date/s _____ Dosage/s _____

If there are any changes to the above information, you must contact us immediately to update this form.

Failure to return this for the St. Patrick's Out of School Program will make it impossible for your child to receive the emergency medication he/she may require.

Date Parent/Guardian's Signature



FOR OUT OF SCHOOL CARE STAFF USE ONLY

DATE	TIME ADMINISTERED	DOSAGE	INITIALS
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