

## Medication Administration Request Form

Affix Photo  
When  
medication  
is an  
epinephrine  
auto-injector

The City of Kingston, Recreation and Leisure Services Department will provide a Medication Supervisory Service; however, the participant is encouraged to accept the maximum responsibility for self-administering their medication. The City of Kingston staff will dispense medication for the self-administration by a child and if necessary will provide a hand over hand technique, or administer in the case of epinephrine auto-injectors, according to the instructions provided by the parent/guardian.

I understand that any medication that is to be dispensed to my child will be stored in a locked box (with the exception of emergency medication i.e. epinephrine auto-injectors, inhalers, and nitroglycerine) and will be dispensed at the agreed upon time as stated below. I agree to provide the original pharmacist's label with the participants name, the physician's name, the name of the medication, the dose, the medication route, the schedule for administration and instructions for storage to staff on a daily basis.

I release the City of Kingston, Recreation and Leisure Department and its staff from any liability or loss, damage or injury, however caused, to my child's person or property arising out of dispensing or failure to dispense the medication as provided herein.

TO BE COMPLETED BY THE PARTICIPANT OR PARENT/LEGAL GUARDIAN OF THE PARTICIPANT

Participant's Name:		Participants Date of Birth:		Participant Address:		Participant Emergency Contact:	
Participant/parent/guardian signature:		____/____/____ MM/DD/YYYY				Emergency Telephone Number:	
Name of Medication as it Appears on the Label	P=Prescription NP=Non-prescription	Medication Expiry Date	Treatment End Date	Possible Side Effects (if any)	Administration Schedule (time to be given)	Dosage and Route	Storage Instructions

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

**Epinephrine auto-injectors medication:**

Supervise the named participant in the administration of his/her own **epinephrine and auto-injectors medication.**

Administer **epinephrine auto-injectors medication** to the named participant.

