



CATARAQUI REGION
CONSERVATION AUTHORITY
P.O. Box 160, 1641 Perth Rd
Glenburnie ON K0H 1S0

Medication Information and Consent Form

A separate form should be completed by parent/guardian for each medication.

Child's Name:

Medication:

Parent/Guardian's Name:

Doctor's Name:

Reason for medication:

When to give medication (be specific):

Cataraqui Region Conservation Authority Education staff will give this medication as indicated on the label only:

Dose:

Method of administration:

Side effects to be aware of:

Schedule of medication:

Start on:

Time of Day:

Last day:

I authorize Cataraqui Region Conservation Authority Education staff to administer the medication as indicated above to my child. I certify that the instructions given are as recommended by a physician.

Parent/Guardian signature

Date