



# BRACEBRIDGE RECREATION MEDICATION FORM



Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F  
 Health Card #: \_\_\_\_\_ Parent / Guardian Name: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name of Medication: \_\_\_\_\_  
 Possible side effects include: \_\_\_\_\_  
 Dosage: \_\_\_\_\_ Time: \_\_\_\_\_  
 Method of Administration: \_\_\_\_\_  
 Additional Instructions (storage etc.): \_\_\_\_\_  
 X: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Parent / Guardian

### OFFICE USE ONLY TRACKING SYSTEM

Date Administered: \_\_\_\_\_ Time: \_\_\_\_\_  
 Staff Name: (please print) \_\_\_\_\_ Initials: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_

### OFFICE USE ONLY TRACKING SYSTEM

Date Administered: \_\_\_\_\_ Time: \_\_\_\_\_  
 Staff Name: (please print) \_\_\_\_\_ Initials: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_