



Profaqua inc.
266-4000 RUE Saint-Ambroise, Montréal, QC, H4C 2C7
NEQ: 1172786965
TVQ: 1224758177 TQ0001
TPS: 713076727 RT0001

AUTHORIZATION TO ADMINISTER A MEDICATION

We ask that you complete and sign this authorization form. No medication will be distributed or administered to your child without this written and signed authorization.

The information entered by the pharmacist on the label identifying the drug is evidence of the authorization of the persons authorized to prescribe. **It is therefore important to always provide the original container identified with the child's name. The label must include the child's name, the name of the physician, the name of the medication, the expiry date, the dosage and the duration of treatment.**

CHILD'S IDENTIFICATION

First and last name of child: _____

First and last name of parent or guardian: _____

Telephone: _____

CHECK THE SITUATION THAT CONCERNS YOUR CHILD

- My child is **CAPABLE** of taking their medication on his or her own, after a designated person has given it to him or her (**Distribution** of medicine).
- My child is **UNABLE** to take his or her own medication. The designated person must administer it (**Administering** the medication).

MEDICATION

Name of medication: _____

Dosage: _____

Time of distribution or administration: _____

Expected duration of treatment: _____

Foreseeable side effects, if known: _____



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Prescribed for the following condition: _____

Storage of the drug according to the pharmacist's instructions:

Prescribed by Dr. (name): _____

Expiry date of the medication: _____

** If the medication is to be dispensed or administered as needed, specify the time and symptoms the child must have to allow the medication to be taken:

AUTHORIZATION

1. I authorize **the distribution** OR **the administration** of the above-mentioned drug(s).
2. I acknowledge that I am aware of the procedure for the distribution or administration of medication.
3. I authorize the persons designated by Profaqua science camp to dispense or administer the prescribed medication to my child.
4. I acknowledge that Profaqua science camp staff agree to distribute or administer medication to my child only for convenience, as they have no medical training.

Signature of parent or guardian

Date

NOTES

1. In the event that your child stops taking the medication, you must notify the science camp immediately.
2. In the event that the dosage or schedule of the drug is changed, please complete a new authorization form immediately.