



## Medication Administration Consent Form

A completed Medication Administration Consent Form is mandatory if any AAFS member requires medication to be administered during an activity, regardless of its type. This form must be submitted for each activity where staff are required to administer any medication. **We will not administer medication without the appropriate and fully completed authorization form.**

### Consent

I, \_\_\_\_\_, give the staff of the Autism Aspergers Friendship Society of Calgary consent to administer medication as outlined below for \_\_\_\_\_ on the following day(s) \_\_\_\_\_ (not to exceed more than 1 year)

Name of Medication	Dosage	Reason(s) for Administration	Required Administration Time (24-hour time)	
<i>Example: Vyvance</i>	<i>10 mg</i>	<i>ADHD</i>	<i>08:00</i>	<i>08:30</i>

*\*If the item contains a DIN (drug identifying number) a medication consent form must be filled out. This includes bug spray, sunblock, polyisoprene, and After-bite.*

Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Member's Name: \_\_\_\_\_

\_\_\_\_\_