FORUM FOR YOUNG CANADIANS | FORUM POUR JEUNES CANADIENS

Medication Authorization Form

**To be completed by participant's Parent/Guardian ONLY for all scheduled medications*
***Complete ONE form for every medication and treatment plan*
******return completed and signed form to adenny@torontomu.ca BY WED. NOV. 13, 2024***

Participant Name: _____

Name of Medication: _____

Dosage: _____

Description: ☐ Tablet ☐ Capsule ☐ Liquid ☐ Spray/Inhalant

☐ Other (please describe): _____

Storage Instructions: _____

Administration Instructions:

Start Date: _____ **End Date:** _____

Other instructions (e.g., daily frequency, time(s) of day, etc.):

_____

_____

STOP the medication/treatment if:

_____

_____

I release The Rideau Hall Foundation and its employees and program personnel from any liability, however caused, arising out of administering, or failure to administer, the medication provided herein.

Parent Name: _____

Parent Signature: _____ **Date:** _____

Parent Phone Number: _____

RHF FRH Fondation Rideau Hall Foundation