



# CENTRE-NOTRE-DAME-DE-FATIMA

## DRUG ADMINISTRATION

<input type="checkbox"/> SUMMER CAMP / RESPITE	<input type="checkbox"/> DAY CAMP	<input type="checkbox"/> SCHOOL GROUP	
<b>PARTICIPANT</b>			
First name		Last	
Date of birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Health insurance		Expiration	
<b>MEDICATION</b>			
Name of medication	Reason	Hour	Dosage (mg or ml)
<b>Comments</b> (if dosage is "as needed" please provide explanation)			
<b>AUTORIZATION</b>			
I acknowledge that the information above is true and I authorize the person in charge of health care, or its agent if necessary, to administer medications according to the dosage and frequency indicated.			
Name and last name of	Parent or tutor's signature	Date	
<b>Administration use only</b>			
Chalet:		Monitor:	
Notes:			



À L'ÉTAT *naturel*

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