



Tri-County

Regional Centre for Education

TCRCE AFTER-SCHOOL PROGRAMS

79 Water Street Yarmouth, Nova Scotia B5A 1L4
Phone: 902-749-2800 Fax: 902-749-5697

MEDICAL INFORMATION FORM

2021-2022

REQUIRED INFORMATION:

Child's name _____ D.O.B. _____

Child's physician _____ Phone: _____

Child's Health Card# _____ Expiry: _____

****To be filled out if Medication is required:**

Medication _____

Name of prescribing physician _____

Child's need for the medication _____

Dose _____ Time(s) to administer _____

I/we, _____, give permission for the employees at the TCRCE After-School Programs to give _____ the above medication in the dosage indicated at the time indicated above. I/we understand that staff will only give medication to my child if my instructions and instructions on the prescription coincide and if the medication was originally prescribed to my child.

Any verbal instructions: _____

SIGNATURE REQUIRED:

Parent(s)'s signature _____ Date _____

Staff Signature _____

NOTE: Please fill out a separate form for each child attending the program