

**TERMS AND CONDITIONS FOR RECREATION AND LEISURE SERVICES
DEPARTMENT STAFF TO SUPERVISE THE ADMINISTRATION, ADMINISTER OR
STORE THE PARTICIPANT MEDICATION.**

PLEASE READ CAREFULLY

1. I agree to provide City of Kingston, Recreation & Leisure Services Department staff with:
 - a. **In the case of Non-prescription Medication**
 - i. Staff will ask for and receive a physician's written order before agreeing to administer, store or supervise the administration of *Non-Prescription Medication*. All non-prescription medication must be supplied in its original container, dated and labelled with the participant's name.
 - b. **In the case of Prescription medication**
 - i. Will have the original pharmacist's label with the participant's name, the physician's name, the name of the medication, the dose, the medication route, the schedule for administration and instructions for storage.
 - c. **Photograph(s) – in the case of epinephrine auto-injectors**

One (1) photo will be affixed to the Allergy/Anaphylaxis Emergency Plan
One (1) photo will be affixed to the medication Administration Request Form
 - d. Epipen® brand auto-injectors of epinephrine if my child suffers from life threatening allergies. The Epipen® must be prescribed by a physician and labelled with the pharmacist label. I understand that I am responsible for regularly checking my child's Epipen® for expiration and discoloration and instructing my child how to administer the auto-injector.
2. The City of Kingston will refuse participation in the registered program if the above Terms and Conditions have not been followed.
3. The City of Kingston will refuse participation in the registered program to the client that requires the use of emergency medication (Nitroglycerin, inhaler, Epipen) and comes to the program without their medication.
4. I agree that City of Kingston staff may refuse to administer, supervise the administration or store medication where the labels on the medication container(s) do not contain all the information specified above.
5. Any directions that deviate from the City of Kingston's procedure will be reviewed on a case-by-case basis.

Assumption of Risks

I understand that City of Kingston staff participating in the Medication Administration procedure are not trained health professionals and that the administration of medication is being provided by staff on behalf of the City of Kingston, on a purely voluntary and gratuitous basis. As the participant or parent/legal guardian of the participant receiving medication, I fully understand the nature and extent of the risks involved in administering medication. I hereby freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property or loss resulting there from.

Consent to Medical Treatment

I agree to hereby give permission to have the City, its volunteers and other participants arrange for any emergency medical care including hospitalization/transportation, if necessary, to the administration of such emergency medical treatment as may be deemed necessary in the circumstances. I agree to pay all costs associated with medical care and transportation.

I confirm that I have read and understood and completed this agreement and the Medication Administration enrolment form. I am aware that by signing this agreement I have agreed to assume full legal liability for all risks involved in having the City of Kingston administer medication under the provisions of this agreement to _____ (enter name of participant).

Please check the appropriate boxes:

- Supervise the named participant in the administration of his/her own medication.
- Administer medication to the named participant
- Share personal and confidential information to an emergency responder.
- I have read and agree to the above terms and conditions, assumption of risks and consent to medical treatment, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.
- I do not agree with the terms and conditions listed above. I acknowledge that the City of Kingston has provided me with the appropriate documentation and understand that without this signed terms and conditions agreement, the City of Kingston Recreation & Leisure Services Department does not have the required permission to administer epinephrine to the participant in the event of an allergic reaction.

Name of Participant or Parent/Guardian *if Participant is under the age of 18 or an adult who lacks the capacity to provide informed consent*
(Please print)

Signature of Participant or Parent/Guardian *if Participant is under the age of 18 or an adult who lacks the capacity to provide informed consent*

Date: ____ / ____ / ____
MM DD YYYY

Personal information contained on this form is collected under the Authority of the Municipal Act., 2001, S.O. 2001, c25, sections 8 and 11(1)5.). This information is collected for the administration and management of the City of Kingston's Recreation & Leisure Services Programs. Questions about the collection and use of this information should be directed to the Corporate Records and Information Officer, City Clerk's Department, 216 Ontario Street, Kingston, Ontario K7L 2Z3.