CITY OF NANAIMO
THE HARBOUR CITY
PARKS, RECREATION AND CULTURE

Beban Park
2300 Bowen Rd
Nanaimo BC V9T 3K7
Ph 250-756-5200
Fax 250-758-8761

Oliver Woods Community Centre
6000 Oliver Rd
Nanaimo BC V9T 6T6
Ph 250-756-5200
Fax 250-751-2124

Bowen Complex
500 Bowen Rd
Nanaimo BC V9R 1Z7
Ph 250-756-5200
Fax 250-753-7277

I, _____ hereby give my permission for the Preschool staff to administer the following required medication for my son/daughter _____ as is needed.

It is further understood that only the medication named and provided be administered by Nanaimo Parks, Recreation and Culture Preschool staff to my child. Please also note that medication must be in a labelled prescription container.

Signed: _____

Please print name: _____

Date: _____

Medication Required

1. Name of Medication: _____ Dosage (mg/ml): _____
2. Name of Medication: _____ Dosage (mg/ml): _____
3. Number of dosages per day: _____
4. Time of day to be administered: _____
5. Possible side effects to watch for: _____

   _____

   _____

6: Doctor: _____ Phone #: _____