



## Medications

If a participant of the Autism Aspergers Friendship Society of Calgary (AAFS) requires any medication to be administered during an activity, regardless of whether the medication is prescription medication or non-prescription medication, a completed medication form is required. AAFS cannot administer any medication without a completed medication form. This medication form **MUST** be completed and signed for each activity that the participant requires medication to be administered by AAFS.

When sending medication with the participant, please **DO NOT** send full bottles of medication, and send **ONLY** what is required. Please clearly label the medication with the participant's **name, date and time period** that the medication is to be administered. Any medication sent with the participant **MUST** be given to the Program Lead on arrival.

For **ALL** overnight activities, a medication form **MUST** be completed and sent in **AT LEAST FIVE (5) DAYS** prior to the start of the activity, otherwise, your registration will be cancelled.

## Medication Form

I, \_\_\_\_\_, give the Staff of the Autism Aspergers Friendship Society of  
Parent/Guardian Name

Calgary consent to administer my child's, \_\_\_\_\_, medication on the  
Participant's Name

following day(s): \_\_\_\_\_.  
Date(s)

### Non-Prescription Medication:

Medication	Dosage	Reason(s)/Time for Administration	AAFS Staff Initials	



Morning: Before 11 AM

Medication	Dosage	Time to Administer	AAFS Staff Initials	

Afternoon: 11 AM - 5 PM

Medication	Dosage	Time to Administer	AAFS Staff Initials	

Evening: After 5 PM

Medication	Dosage	Time to Administer	AAFS Staff Initials	

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_