

## Appendix 11 – Medical Information Form for Medication – Epipen and Inhaler

Child/Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your child/youth must be covered by Provincial Health Insurance or equivalent medical insurance. Provincial Health Insurance Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

What type of condition does your child/youth have to require medication? Please explain:

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What type of medication is required? \_\_\_\_\_

Does this medication need to be administered by an adult or can it be administered by the child/youth? Adult \_\_\_\_\_ Child/Youth \_\_\_\_\_

Does a parent need to be contacted to administer the type of medication? Yes  No

If yes please provide name and phone number of parent to be contacted:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

**If a leader can administer the medication, please fill out the information below:**

I have trained \_\_\_\_\_ to administer \_\_\_\_\_ on my behalf.

**Parent/Guardian's Printed Name & Signature:**

**Date:**

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