

**SOCIAL ENTERPRISE FOR CANADA (“SEC”)  
SUPERVISED ACCESS CENTRE**

**PERMISSION AND CONSENT FORM: ADMINISTRATION OF MEDICATIONS**

I, \_\_\_\_\_, give permission to \_\_\_\_\_ to administer  
(custodial parent) (visiting parent/relative)  
prescribed medication, epi-pen needle, or over-the-counter medication to my child as needed  
during any scheduled supervised access visits.

\_\_\_\_\_  
(child’s name and date of birth)

\_\_\_\_\_  
(name of medication)

**ADDITIONAL INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES:**

\_\_\_\_\_  
(Custodial parent)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(witness)

\_\_\_\_\_  
(date)