**FORMULAIRE DE DEMANDE DE DISTRIBUTION OU D’ADMINISTRATION DE MÉDICAMENTS PRESCRITS**

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| **Supercamp @ vanier college** | | | | | | | | | | | | | | | | | | | | | | | |
| **Nom du participant :** |  | | | | | | |  | **Date de naissance :** | | |  | | | | | |  | | | |
| Nom du premier parent ou tuteur légal : | | | | | | Nom du second parent ou tuteur légal (facultatif) : | | | | | | | | | | | | | | | | | | |
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| Veuillez cmpléter les informations suivantes | | | | | | | | | | | | | | | | | | | | | | | | |
| Médicament: | | | |  | | |  | | | | | | | | | | | | | | | | | |
| Nom du médecin: | | | |  | | |  | | | | | | | | | | | | | | | | | |
| Posologie : | | | |  | | |  | | | | | | | | | | | | | | | | | |
| Heure à laquelle le médicament doit être administré : | | | |  | | |  | | | | | | | | | | | | | | | | | |
| Procédure d’administration : | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Le médicament doit-il être réfrigéré? Oui**  **Non** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Durée du traitement :** | | | | | | | | | | | | | | | | | | | | | | | | |
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| Effets secondaires et contrindications: | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Autre information pertinente :** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **autorisation : Cette autorisation est valide pour la/les semaine/s suivante/s:** | | | | | | | | | | | | | **1** | | **2** | **3** | **4** | | **5** | **6** | **7** | | **8** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| J’autorise un membre du personnel du Supercamp à distribuer et/ou administré ce médicament à mon enfant. | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature d’un parent ou tuteur légal | |  |  | | Date | | | | | | | | | | | | | | | | | | | |