



REQUEST FOR ADMINISTRATION OF PRESCRIPTION MEDICATION



Please bring this form on the first day of camp.

This form provides permission to employees of Camps Canada to administer medication and/or emergency injections to campers during camp hours as per details provided below. Administration of medication will not be provided without this completed and signed form.

The parent/guardian of a camper with a serious health concern is strongly encouraged to have proper identification on the student at all times (i.e., Medic Alert Bracelet) and is responsible for providing, in advance, medication/supplies for any treatment required in a life-threatening situation. These health concerns include, *but are not limited to*: severe allergies and anaphylactic shock, severe asthma, seizures and diabetes.

All medications must be in an original container with a currently dated, accurate pharmacy label.

CHILD'S NAME: _____ D.O.B. _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN DAYTIME TELEPHONE NUMBER: _____

HEALTH CONCERN FOR WHICH MEDICATION IS TO BE GIVEN: _____

NAME OF MEDICATION/EMERGENCY INJECTION: _____

DOSAGE _____

EXPECTED SIDE EFFECTS (IF ANY) _____

TIME TO BE GIVEN _____

DATE TO BEGIN _____ DATE TO END _____

Note: Our employees are instructed to follow the doctor's or parent's/guardian's instructions explicitly. Persons dispensing medications are not medically trained health care professionals and cannot be held responsible for any conditions that may arise from the administration of the medication to a student, that are beyond their control.

I, the undersigned parent/guardian of _____, a camper attending Camps Canada camp, hereby give permission to Camps Canada and its employees to administer the above listed medication prescribed for said child.

Signature of Parent/Guardian _____ Date _____