

ADMINISTRATION OF MEDICATION FORM & WAIVER

* Please complete this form if your child requires medication while participating in our program.

CAMPER & CAMP INFORMATION	
CAMP LOCATION	SESSION
Camper Name:	Home Phone #:
Parent /Guardian name:	Phone Number:
Parent /Guardian name:	Phone Number:
Emergency Contact Name:	Emergency Contact Number:
Physician's Name:	Physician's Number:
Child's Ontario Health Card Number:	

PLEASE COMPLETE THIS SECTION FOR ALL MEDICATION OTHER THAN AN AUTO INJECTOR (ie: EPIPEN) – For EPIPEN PLEASE COMPLETE THE REVERSE SIDE

Name of Medication	Time(s) of day to be administered	Dosage	Storage Instructions

SPECIAL INSTRUCTIONS FOR ADMINISTERING MEDICATION: (i.e. with meals, take plenty of water...)

CAUTIONS, SIDE EFFECTS, AND RECOMMENDED ACTION: (attach additional pages if necessary)

IMPORTANT!!! Please include only one day's dosage in a well labelled, non-breakable container.

I Authorize the Town of New Tecumseth, Parks, Recreation & Culture Department staff to:
(Please check the appropriate option)

- Administer medication to my child **OR**
- Supervise/Observe only the above-named person to administer his/her own medication

I agree to provide to designated staff daily, the daily-prescribed dosage of medication in a well-labelled, non-breakable container along with the above information completed on this form. The Town of New Tecumseth Parks, Recreation & Culture Department reserves the right not to administer medication in high-risk situations where the safety of staff and the participant could be jeopardized.

Parent/Guardian Signature: _____ Date: _____