

# ADMINISTRATION OF MEDICATION FORM & WAIVER

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

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

**PLEASE COMPLETE THIS SECTION FOR ALL MEDICATION OTHER THAN 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 Caledon, Parks and Recreation Department staff to (Please check the appropriate one):**

- **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 on a daily basis, 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 Caledon Parks and Recreation 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: \_\_\_\_\_

