

Camp Medication Form

City of
PICKERING

Please complete and submit to the Camp Director if your child requires medication / epi pen while at camp. If your child takes the bus to camp, please call your Camp Director to ensure that they have received 905.420.4660 x 3246.

Camper Name: _____ **Camper Age:** _____

Name of Camp: _____

Name of Medication to be taken: _____

Medication dosage information: (please provide in detail if more than one medication is to be taken per day).

a) **Number of times medication is to be taken daily:** _____
(e.g. 2 times daily)

b) **Times medication is to be taken each day:** _____
(e.g. 9:00 am and 1:00 pm)

Potential side effects from this medication:

Please be advised that camp staff do not administer medication and are not responsible for the delivery of medication to the camp location, should the medication be forgotten. Also, sunscreen and bug spray will not be provided or applied by camp staff, though staff will remind campers to apply and reapply at regular intervals throughout the day.
I have read and understood the information above.

Signature: _____ **Date:** _____

Epi Pen Utilization: (Only sign below if applicable to your child)

I give the Camp Counsellor, Assistant Director and Director, permission to administer an Epi Pen to my son/daughter in the event of an emergency requiring an Epi Pen.

(Please note: We do not supply Epi Pens)

Allergic to: _____

Signature: _____ **Date:** _____