

MEDICAL ADMINISTRATION FORM

Camper's Full Name: _____

Special Medical Information (eg. Hearing disorder, diabetes, vision impairment, epilepsy, learning disorders):

Allergies (list severity & intervention required):

Administration Instructions and where to find medication (please specify for **each type of medication**):

EMERGENCY MEDICAL TREATMENT

In the event of an accident or illness involving my child while attending the program I hereby authorize, Camp Facilitators or the Recreation Programmer to assist in the administering of all medication that is provided by the parents and/or guardians. Under no circumstances shall medication be provided without written or verbal consent from the master contact.

If an ambulance is called due to the severity of an allergic reaction/ anaphylaxis reaction, I understand that the billing for the ambulance will be forwarded to the master contact specified on the registration form. YES NO

Master Contacts Signature: _____ Date: _____

Witness: _____ Date: _____