Day Camp Medication Dispensing Form

Type of Medication (check one):  □ Daily  □ Emergency

Name of Child: ________________________________________________

Purpose of Medication: _________________________________________

Medication Name: ______________________________________________

Time of last dose: _________________________

Times to Administer Daily Medication: _____________________________

When to Administer Emergency Medication: _____________________________

Dosage: _______________________________________________

*The label from the pharmacy must be attached to the medication.

Medication Storage:  □ In the Refrigerator  □ Room Temperature

Are there Side Effects to the medication?:  □ Yes  □ No

If Yes, please describe or attach pharmacist’s details: _____________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I hereby give my permission for the Severson Dells Day Camp Staff to administer the above medication to my child at the times specified.

Parent/Guardian Name: ___________________________________________

Signature: ___________________________________ Date: ______________________

• If the child carries their own Medication (eg. Puffer) a note from a legally qualified medical practitioner or a nurse registered under the Health Disciplines Act should indicate that the child may carry and administer their own Puffer medication. A copy of the doctor’s note will be kept on file.

• Each medication requires a separate medication form (eg. 2 Puffers require 2 forms)