

PLEASE NOTE: ALL MEDICATION MUST REMAIN IN ITS ORIGINAL CONTAINER

Medication Form

Name of Child: _____

Name of Medication: _____

Type of Medication: _____

Route Taken: Oral _____ Cream _____ Puffer _____

Other (please describe) _____

Child responsible to take medication on their own _____ OR

Child needs reminder from camp counsellor _____

Possible Side Effects/Adverse Reactions: _____

Dosage Taken: _____

Taken with food? Yes _____ No _____

In the event of a missed dosage, what action needs to be taken? _____

Note: Please discuss any other concerns with your child's counsellor or the camp aquatic leader.

All personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and Municipal Act, 2001 and will be used for the purposes of the Medication Form. Questions regarding this collection may be directed to the Manager of Recreation & Client Services, Leisure Services, 471 West Park Avenue, Bradford, ON, L3Z 0J3, 905-775-7529.

Release: In consideration of the acceptance of this Medication Form sponsored by the Community Services Department, Town of Bradford West Gwillimbury, I hereby forever discharge the Corporation of the Town of Bradford West Gwillimbury, its employees, agents, officers, from all claims, damages, costs, and expenses in respect to injury or damage to my person or property, however caused, which may be sustained as a result of participation in Camp.

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____