

ALGONQUIN 2012 – MEDICAL FORM

Camp Tournesol’s counselors will assist campers requiring medication if this form is fully completed with parent/guardian consent. Otherwise your child will not be authorized to take medication. This form must be submitted no later than 30 days prior to departure.

TO BE COMPLETED BY PARENT/GUARDIAN or PHYSICIAN

Please complete this form for each medication (INCLUDING EPIPEN) you will send with your child for ailment such as head ache, seasonal allergy medication, stomach aches etc... If you send medication with your child, please only send a few dosages as required for the length of the trip, not entire bottles. Please reinforce to your child that they are not to take any medication without consulting their counsellor. We will carry a First Aid kit with us and will administer over-the-counter medicine (such as Tylenol and polysporine) as required..

Administration of Medication

Name of Child	
Condition for which medication is necessary (list more than one by clearly identifying with numbering)	
Name of medication	
Dosage each time	
What time is dosage taken	
Method of administration	
Possible side effects	
Can your child recognize the symptoms of his/her allergy? Please describe them	
Please send 2 epipens . Specify expiration date of both epipens	
Storage and Safekeeping (can your child keep it with him/her)	
Prescribing Physician’s name and phone number if applied	
Number of pill or dosage sent	
Date of Last tetanus shot	

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PARENT/GUARDIAN APPROVAL AND RELEASE

I hereby request and give permission to Camp Tournesol's counsellors to assist my child in administering his/her prescribed medicine according to instructions completed above as well as administer over-the-counter medicine (such as Tylenol or polysporine) if the counsellors determine that it is for the well being of my child.

I/We agree to release and indemnify Camp Tournesol staff of any claims that may arise as a result of any errors in administering the medication concerning dosage or proper time.

I understand that I assume full responsibility for any medical expenses incurred while on the Algonquin 2012 trip over and above the OHIP coverage.

I understand that my child's participation in activities such as the ones described in the Algonquin 2012 itinerary carry some inherent risks and I agree to release Camp Tournesol from any liabilities in connection with my child's participation in these activities.

Name of Camper: _____

Name of Parent/Guardian: _____

Signature of Parent/guardian: _____ Date: _____