



366 Revus Avenue - Unit 25
Mississauga, Ontario
L5G 4S5
905-891-1889
1-888-892-1889
info@campt.ca



Medication Form Instructions

Please print and complete this form, providing us with as much detail as necessary to ensure the safety of your children and to provide our counsellors with enough information to help them administer the medication to your child, if need be.

Please bring this completed form with you on the first day of camp, and give it to your child's camp counsellor. At that point in time, if you have anything you need to clarify with the counsellor or the campus coordinator, you can do so before camp begins.

If you have any questions, please don't hesitate to contact us!

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Camp Tournesol counsellors will assist campers requiring medication if this form is fully completed with parent/guardian consent. Otherwise your child will not be authorized to have medication onsite or while away on a trip or take medication. Please help us keep everyone safe by respecting this procedure.

TO BE COMPLETED BY PARENT/GUARDIAN or PHYSICIAN

Please complete this form for each medication you would like your child to have onsite or for us to assist your child with. When you send medication to camp, please follow the following requirements:

- Over-the-counter medication:
 - Must have camper's name, parent's name, and contact phone number on it
 - This must be sent in original packaging with only the intended number of doses to be used (i.e. don't send an entire bottle if you don't anticipate it all to be used)
- Prescription medication:
 - Must be sent in original packaging with only the intended number of doses to be used (i.e. don't send an entire bottle if you don't anticipate it all to be used)
 - Must be in the camper's name

Please ensure that the medication is handed to your child's team leader accompanied by this form. Please remind your child that they are not to take any medication without consulting their counsellor.



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Medication Form

Name of child	
Condition for which medication is necessary (list more than one by clearly identifying with numbering)	
Name of medication	
Dosage	
# of doses sent	
At what time is dosage taken	
Method of administration	
Possible side effects	
Storage and safekeeping (can your child keep it with him/her?)	
Prescribing physician's name and phone number (if applicable)	

PARENT/GUARDIAN APPROVAL AND RELEASE:

- I hereby request and give permission to Camp Tournesol counsellors to assist my child in administering his/her over-the-counter and/or prescribed medicine according to instructions completed above. 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 and timing.

Name of camper:

Name of parent/guardian:

Signature of parent/guardian:

Date: