



## HOLIDAY CAMP CIC

### Administration of Medicines Parental Consent Form

Whizkid Wonderland Holiday Camp will only administer medication to your child if you complete, sign, and return this form.

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Medical Condition or Illness:** \_\_\_\_\_

#### Medicine

**Name/Type of Medicine:** \_\_\_\_\_

(as described on the container)

**Expiry Date:** \_\_\_\_\_

**Dosage and Method:** \_\_\_\_\_

**Timing:** \_\_\_\_\_

**For How Long Will Your Child Take This Medication?** \_\_\_\_\_

**Special Precautions/Other Instructions:** \_\_\_\_\_

**Are There Any Side Effects That the Camp Needs to Know About?** \_\_\_\_\_

Self-Administration? YES/NO (please indicate)

Procedures to Take in an Emergency: \_\_\_\_\_



NB: Medicines must be in the original container as dispensed by the pharmacy.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Whizkid Wonderland Holiday Camp staff to administer medicine in accordance with this form. I will inform Whizkid Wonderland Holiday Camp immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature(s): \_\_\_\_\_

Name (Print): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_

