



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: _____

