

## Medication and Allergy Information Form

Camper Name: \_\_\_\_\_

### Allergy Information

Allergen:	
Potential Symptoms:	
Is this an anaphylactic allergy?	
Does your camper have an Epi-Pen for this allergy?	

### Medical Information

In accordance to the Township of Springwater Administration of Prescription and Non-Prescription Medications Policy, under no circumstances are Township of Springwater, Recreation, Parks and Properties Department staff permitted to administer medications to a child. Prescription and non-prescription medications may be administered with parent/guardian authorization. Each medication must be in its original container and labeled with the exact dosage to be followed when the medication is dispensed.

Medication Name:	
Dosage:	
Time(s) to Dispense Medication:	
Does the medication require refrigeration?	
Instructions for Dispensing Medication:	

---

Terms and Conditions for Township of Springwater staff to dispense, supervise the administration, and/or store the camper's medication.

1. I agree to provide Township of Springwater staff with all prescription medication in the original container dated, labeled and supplied by the pharmacist. The label will contain: the camper's name, the physician's name, the name of the medication, the dose, the medication route, the schedule for administration and instructions for storage.
2. I agree that Township of Springwater staff may refuse to dispense, supervise the administration or store medication where the label(s) on the medication container(s) do not contain all the information specified above.
3. I understand that none of the Township of Springwater staff are trained health professionals and that the dispensing of medication is being provided Township of Springwater on a purely voluntary and gratuitous basis. As the camper or Parent/Guardian of the camper receiving medication, I fully understand the nature and extent of the risks involved in dispensing medication.
4. I understand that it is my responsibility to collect all remaining medication at the end of the camp week

I confirm that I have read and understand this agreement. I am aware that by signing this agreement I have agreed to assume full legal liability for all risks involved in having the Township of Springwater dispense medication under the provisions of this agreement to the named camper.

I authorize the Township of Springwater staff to store/handle medication for the named participant, dispense medication to the named camper, and supervise the named camper in the administration of their own medication.

---

Parent/Guardian Signature

---

Date

