Medication Authorization Form (2021)

City of Hamilton - Recreation Division
www.hamilton.ca/recreation

Camper Information forms MUST be received at each camp location camper is attending prior to the first day of camp.

Medication Authorization Form

Please complete if your child requires medication while at camp. Medication must:

- Be in original container identifying the medication type, dosage, and child's name
- Include only the amount needed for 1 day only

If medication is an epi-pen, please complete the Individual Anaphylaxis Emergency Plan **instead** of this form.

Camper's Full Name

Medication Name | Type/Reason of Med

Dosage Amount | Dosage Time (s) AM/ PM AM/PM

Taken with food/drink? ☐ yes ☐ no | Taken on empty stomach? ☐ yes ☐ no

Storage Instructions:

Will medication restrict participation? ☐ yes ☐ no Details:

Other instructions for staff:

I, the parent/guardian of the child named above, give the City Of Hamilton Recreation Division staff permission to administer or ensure the above medication is taken by my child as per the information and instructions outlined on the form.

Parent/Guardian (print name): _____ Signature: _____ Date: _____

MEDICATION ADMINISTRATION CHART

For Office Use Only

Date	Time	Dosage	Staff Initial	Date	Time	Dosage	Staff Initial