



DSC Day Camp Medication Dispensing Form

Type of Medication: Daily Emergency (circle one)

Name of Child:			
Purpose of Medication:			
Medication Name:		Expiry Date:	
Date Prescribed:			
Time of last dose:			
Times to Administer Daily Medication:			
When to Administer Emergency Medication:			
Dosage:			

The label from the pharmacy must be attached to the medication

Medication Location: To be kept at camp Sent home daily (circle one)

Medication Storage: Refrigerate Room Temperature (circle one)

Are there Side Effect to the medication? Yes No (circle one)

If Yes, please describe or attach pharmacy details:

I hereby give my permission for the Dover Skating Center Day Camp Staff to administer the above medications at the times specified.

Parent Name: _____

Signature: _____ Date: _____

- **If the child carries their own Medication (eg. Puffer) a note from a legally qualified medical practitioner or a nurse registered under the Health Disciplines Act should indicate that the child may carry and administer their own medication. A copy of the doctor’s note will be kept on file.**
- **Each medication requires a separate medication form.**