



City of Guelph Summer Camps Medication Consent Form

Child's Name: _____

Child's Age: _____ Camp Location: _____

Week of _____

Parent/Guardian's Name: _____

Phone #: _____ Phone #: _____

Medication to be given: #1 _____ Dosage: _____ Time: _____

#2 _____ Dosage: _____ Time: _____

#3 _____ Dosage: _____ Time: _____

List possible side effects from the medication (if any): _____

In the rare event that medication is delayed or missed what should occur? (Please check one)

- ☐ Regular dosage should be given to the child as soon as possible.
- ☐ Regular dosage should not be give until next regularly allotted time.
- ☐ Parent or Guardian should be notified before any action is taken.

Does your child need to take his/her medication with food or drink? ☐ Yes ☐ No

If yes, please explain: _____

Under what conditions do medications need to be stored? _____

Should the medication dosage change while the participant is registered in the program, it is the parent or guardian's responsibility to notify the Summer Camp Staff in writing immediately.

I fully acknowledge that while all precautions for safe and responsible administration of medication will be taken, the delegated staff person of the City of Guelph, Public Services Department is not medically qualified to perform this duty and that inherent in this, there may be certain risks or hazards for which I will not hold the Corporation of the City of Guelph or any of its staff or volunteers responsible.

I also agree that I will ensure that any medication I bring for my child will be picked up and taken home at the end of each camp day.

Date: _____ Parent/Guardian Signature: _____