



Sport Western Authorization for Administration/Storage/Supervision of Prescription Medication

Name:		Phone Number:	
Emergency Contact:		Emergency Contact #:	

Name of Medication:	
Type of Medication:	
Dosage Instructions:	
Storage Instructions:	

Prescription Medication must have:

- original pharmacist's label
- name of camper
- physician's name
- name of medication
- dosage of medication
- medication route
- schedule for administration
- storage instructions

Non Prescription Medication/ Natural Medicine must:

- be in original container
- be dated and labelled with campers name
- include physician's written order

For life threatening allergies:

- the location of the Epipen/Twinject/Allerject must be dislocated to the camp counsellor at the beginning of camp
- It is up to the parent/guardian to check their child's Epipen/ Twinject/Allerject for expiration and/or discolouration



Administration/Storage/Supervision of Prescription Medication

It is the Parent's/Guardians responsibility to notify Sport Western of any allergies and/or medications their child may have.

I hereby request and give permission for prescription medication prescribed herein to be administered to my child who is named above for the duration of camp. I will provide the medication in the original container.

I release Sport Western, its employees, and agents from any liability for loss, damage or injury, howsoever caused, to my child's person or property arising out of administering, or failure to administer the procedure as provided herein.

Parent's/ Guardians Signature

Date Signed