MEDICINE ADMINISTRATION FORM

MEDICINE ADMINISTRATION

☐ SUMMER CAMP / RESPITE ☐ DAY CAMP ☐ SCHOOL GROUP					
PARTICIPANT					
First name		Last			
Birth date		Gender	☐ Male	☐ Female	
Health insurance			Expiry date		
MEDICATION					
Name of medication	Reason	Schedule	Dosage (mg or ml)		
Comments (if dosage is “as needed” please elaborate)					
AUTORIZATION					
I acknowledge that the information described above is correct and I authorize the person in charge of health care, or his or her agent if any, to administer medications at the dosage and frequency indicated.					
Name of parent or guardian	Parent’s or guardian’s signature	Date			
Administration use only					
Chalet:		Monitor:			
Notes:					

À L’ÉTAT Naturel
2464, boul. Perrot, Notre-Dame-de-L’Île-Perrot, Québec J7W 2Y9 - 514.453.7600 – info@mon-camp.ca **mon-camp.ca**