



CENTRE-NOTRE-DAME-DE-FATIMA

DRUG ADMINISTRATION

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> SUMMER CAMP / RESPITE | <input type="checkbox"/> DAY CAMP | <input type="checkbox"/> SCHOOL GROUP | |
| PARTICIPANT | | | |
| First name | | Last | |
| Date of birth | | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Health ins. number | | Exp. | |
| MEDICATION | | | |
| Name of medication | Reason | Hour | Dosage (mg or ml) |
| | | | |
| | | | |
| | | | |
| | | | |
| Comments (if dosage is "as needed" please provide explanation) | | | |
| | | | |
| | | | |
| AUTHORIZATION | | | |
| I acknowledge that the information above is true and I authorize the person in charge of health care, or its agent if necessary, to administer medications according to the dosage and frequency indicated. | | | |
| | | | |
| Name of parent or tutor | Parent or tutor's signature | Date | |
| Administration use only | | | |
| Chalet: | Monitor: | | |
| Notes: | | | |
| | | | |



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