



# Camp Lemieux Medication Form

“Love the Lord your God”

***This form must be received in ADVANCE or ACCOMPANY YOUR CHILD on their first day of camp. If we do not have this form, they will not be permitted to participate in camp activities.***

Camper Name: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Province: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any medical concerns, allergies, mental health or physical difficulties/limitations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the participant carry an EpiPen? \_\_\_\_ Y \_\_\_\_ N If yes, expiry date: \_\_\_\_\_

If yes, where does he/she carry it? \_\_\_\_\_

Has the participant had a Tetanus shot: \_\_\_\_ Y \_\_\_\_ N If yes, date of last shot: \_\_\_\_\_

***Parent Instructions:***

1. Prescription and nonprescription medication must be stored in the original bottle with unaltered label.
2. Prescription and nonprescription medication shall be administered in accordance with label directions.
3. Written consent below must be provided from the parent/guardian, permitting Camp Lemieux personnel to administer medications to the child. Please attach a list if more room is needed.

Child's Name	Date of Birth
Medication Name	Dosage
Medication Name	Dosage
Medication Name	Dosage

I authorize Camp Lemieux personnel to assist in the administration of medications described above to the child named above for the following medical condition(s):

\_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ while in attendance.  
Beginning Date End Date Time of Day

\_\_\_\_\_  
Signature (Parent/Guardian if under 18yrs) Dated

Signature Name (PRINTED): \_\_\_\_\_