

<u>Authorization of Administration of Prescribed Medication – Discovery Western</u>

amper's Name:				Date of Birth:		
				ne:		
Reason for Medication	Name/Type of the Medication	Medication Termination Date	Dosage/Amount to be Given and Route	Frequency/Times for Administration	Storage Instructions (if any)	Anticipated reaction to medication (symptoms, side effects)
		1				1
lease indicate any	specific instructions f	or taking the medicat	ion, or any other add	ditional information h	ere:	

Personal Information on this form is collected under the authority of the University of Western Ontario Act, 1982 (as amended) for the purposes of administrating the Discovery Western Summer Camp. Questions regarding this collection should be directed to the Manager of Outreach, Faculty of Engineering, Spencer Engineering Building, London, ON, N6A 5B9, 519-661-2111, ext. 88826 or discover@uwo.ca.



<u>Terms and Conditions</u> for Discovery Western Camps Staff to supervise the administration of medication, administer the medication, and/or store the medication.

- 1) <u>For prescription medication:</u> the medication must have the original pharmacist's label with the following information: Camper's name, physician's name, name of the medication, dosage, medication route, schedule for administration, as well as storage instructions.
- 2) <u>For Non-Prescription Medication and Natural medicine:</u> camper must provide physician's written order before agreeing to administer, store or supervise the administration of Non-Prescription medication/Alternative medicine. All non-prescription medication must be supplied in its original container, dated and labelled with the camper's name.
- 3) <u>For life-threatening allergies:</u> it is mandatory to provide the picture of the camper. For Epipens: All parents are required to show the counsellors where the Epipen is located in the child's personal backpack. The child must also be instructed of its location. I understand that as a parent/guardian, I am responsible for regularly checking my child's Epipen/Twinject/Allerject for expiration and/or discolouration.

Discovery Western Summer Camps reserves the right to refuse participation if the above Terms and Conditions have not been followed. Discovery Western has the right to refuse participation of the camper in a program if the camper required the use of emergency medication and comes to the camp without their medication. I agree that Discovery Western may refuse to administer, supervise the administration of, or store medications where the labels on the medications to not contain all the information as specified above. I understand that the Discovery Western Staff participating in the medical administration are not trained health care professionals, and that the administration of medication is being provided on a purely voluntary and gratuitous basis. As the Parent/Legal Guardian of the above mention camper(s) receiving medication, I fully understand the nature and extent of the risks involved in administering medication. Discovery Western staff members may share personal and confidential information stated in this document amongst themselves, as well as in the registration form to any and all emergency health care providers in case of an emergency.

I authorize Discovery Western Summer Camps to:		
Supervise the camper in administration of h	nis/her own medication	
I confirm that I have read, understood and complet risks involved in having a Discovery Western Summamed participant.		
Parent/Guardian Name (please print)	Signature	 Date

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