**Medication Form**

Only medication that is prescribed by a physician or necessary to treat the camper is allowed at camp.

Approved medications must:

* Be in the original prescription container
* Be clearly marked with the child’s name
* Have a current date (not expired)
* Be brought to camp staff upon arrival at Registration (to be handled and administered by highly trained medical staff).

**Please note:** If the child carries their own Medication (e.g. Puffer) a note from a legally-qualified medical practitioner or registered nurse should indicate that the child may carry and administer their own Puffer medication. A copy of the doctor’s note will be kept on file. Each medication requires a separate medication form (e.g. 2 Puffers require 2 forms).

Children will only be allowed to self-carry medication if both the physician and parent give authorization. All other prescribed and over-the-counter medication will be stored in the Medical Centre.

The attached note from a legal-qualified medical practitioner indicates my camper can self-carry the following prescribed medication:

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

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

I hereby give my permission for the medical team to store and administer all prescribed medication and the pre-approved over-the-counter medication as indicated on the camper’s medical form, if required / if deemed necessary by the medical team. I hereby give my permission to the medical team to assess and medically treat any non-life threatening injury incurred by my son/daughter while out at Camp Limitless. If injury is deemed by the nursing staff as requiring further medical attention, emergency services will be called.

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

Parent/Guardian Name Date

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

Parent/Guardian Signature

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

Camper Name