



Medication Administration Request Form

Terms and Conditions

(administration, supervision, storage of medication)

1. I agree to provide Meadowvale East Apostolic Church (MEAC):
 - a. All **non-prescription** medication in its original container dated and labeled with the campers' name. I understand that MEAC summer camp staff have the right to ask for a physician's note before agreeing to administer, store or supervise the administration of non-prescription medication.
 - b. All **prescription** medication in the original container dated, labeled and supplied by the pharmacist. The label will contain: the name of the camper, the physician's name, the name of the medication, the dose, the medication route, the schedule for administration and instructions for storage.
 - c. **Two current photographs** if there is a requirement to administer emergency medication, i.e. EpiPen. I understand that one photograph will be affixed to the **Medication Administration Request** form and one will be affixed to the **Medication Log** form.
2. I agree that MEAC summer camp staff may refuse to administer, supervise the administration of or store medication where the label(s) on the medication container(s) do not contain all the information required above.
3. I understand that MEAC summer camp staff are not trained health professionals and that the administration of medication is being provided by MEAC summer camp staff on a voluntary and gratuitous basis only. As the camper, parent/guardian of the camper receiving medication, I fully understand the nature and extent of the risks involved in the administration of medication.

I confirm that I have read and understood and agree to comply with this agreement. I am aware that by signing this agreement I have agreed to assume full legal liability for all risks involved in having the MEAC summer camp staff administer medication under the provisions of this agreement to the named Participant.

I authorize Meadowvale East Apostolic Church summer camp staff to (please place a mark in the applicable place(s) below):

- () Supervise the named camper in the administration of his/her own medication
() Administer medication to the named

Medication Log

To be completed by the camper or his/her Parent/Guardian.

Camper Name:				
Name of medication as it appears on the label	P= Prescription NP= Non- Prescription	Possible Side Effects	Dosage and route	Time to be given
1.				
2.				
3.				
4.				

Please indicate any special instructions for taking/administering the medication (i.e. with meals, drink plenty of water etc.).

Signature of Camper/Parent/Guardian:	Date:
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