



APPENDIX II – Consent to Administer Medication

Camper Name: _____

Parents and Guardians please note: Part One MUST be completed by you in order for your camper to be accepted into the care of Camp Wanapitei staff members and medical personnel. Please know that Wanapitei feels strongly about having permission to give campers something for pain and something for inflammation in case of an injury or illness while on canoe trip.

Part One: MEDICATION ADMINISTRATION AT CAMP OR ON TRIP FOR COMMON CONCERNS

I authorize the administration of the following medications for the following occurrences (*check those that you give permission for*):

- Pain or fever (e.g. Tylenol)
- Inflammation (e.g. Advil)
- Antihistamine (e.g. Benadryl)
- Anti Nausea (e.g. Gravol)
- Topical Creams for symptomatic relief

Comments: _____

Part Two: Fill this out if you are sending PRESCRIBED OR OVER THE COUNTER MEDICATION to camp with your camper (Medication must come in original bottles or packaging)

I authorize the administration of _____
(write name(s) of medication(s) here)

to _____ by Camp Wanapitei staff or Medical Personnel.

Start Date: _____ End Date: _____

Reason for medication or reason prescribed: _____ Dosage: _____

To be given at the following times: _____ Refrigerate? Yes No

Prescribing Physician's Name (if you are sending a prescription): _____

Physician's Office Phone Number: _____

PART THREE:

I, the parent or legal guardian or the above named child, shall notify Camp Wanapitei in writing if there is a cancellation or change to any medications listed above. I further give permission for designated Camp Wanapitei personnel or its agents to administer the above medication(s) to my child, or for my child to self-administer, if applicable. This form shall also permit designated Camp Wanapitei personnel or its agents to share and request relevant health information regarding the administration of this medication. I acknowledge that medications are NOT necessarily given by licensed medical personnel, and that a physician-patient relationship is not formed as a result of this Consent. I agree that Camp Wanapitei and its agents who are acting within the scope of their duties shall be held harmless in any and all claims or actions arising from the administration of the above noted medication.

DATE: _____ PARENT OR GUARDIAN SIGNATURE: _____