

PONTIAC DAY CAMP

MEDICATION DISTRIBUTION PROCEDURE

ON THE MAIN SITE

No medication prescribed or over the counter, may be taken without written parental permission. Parents must fill out a medication authorization form so that the child can have his/her medication at the prescribed dosage and at the recommended time.

It is the responsibility of the animators to ensure that the child has taken his/her medication. The animator will be required to complete and sign the *Treatment and Medication Log* each time a participant takes his/her medication.

The Day Camp director, if he/she deems it necessary, may provide over-the-counter medication if he/she has the written authorization of the parent in the health file.

For children with allergies who have an epinephrine dose (e.g. EpiPen, Ana-Kit), the animator ensures that the child always has it with him/her.

All medications are stored in a safe place which is accessible only to authorized personnel (coordinator's office).

FIELD TRIPS

During outings away from the main site, the camp coordinator or, if applicable, the head animator, brings the participants' medication to the outing.

Afterwards, it is the responsibility of the animators to ensure that the child has taken his/her medication. The animator will have to fill out and sign the *Treatment and Medication Log* each time a participant takes his/her medication.

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MEDICATION AUTHORIZATION

For safety reasons, we ask that you mention any medication that must be taken by the child. Please notify the Day Camp Director of any changes to this information.

CHILD INFORMATION

Name of the child :	
Date of birth :	
Health Insurance number :	Expiration date :

CONTACT INFORMATION

Surname and name of parent :	
Tel. (residence) :	Tel. (work, cellular) :

INFORMATION REGARDING THE MEDICATION

Name of medication :	
Reason for taking medication :	
Dosage :	
Frequency :	Time :
Form : capsule, pill ☐ liquide ☐ other ☐ specify :	
My child takes his/her medication : alone ☐ needs help ☐	
The medication needs to be refrigerated : yes ☐ no ☐	
Date medication started :	End :
The medication will be given to the animator : each day ☐ each week ☐	
Other relevant information:	

I authorize my child to take the medication described above in the prescribed manner.

Name of parent/tutor : _____

Signature of parent/tutor : _____

Date : _____

Signature of the Pontiac Day Camp Director : _____