



Medical Information Form

Please note the Medical Information Form needs to be completed in the event that your child has allergies and/or requires medication while under the supervision of Township of King Staff.

Type of Medication: Daily Emergency (please check one)

Name of Child:	
Purpose of Medication:	
Medication Name:	
Expiry Date:	
Dosage Required:	
Times to Administer Daily Medication:	
When to Administer Emergency Medication:	
List any side effects to the medication:	
Allergies:	
Anaphylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will an Epi-Pen be Provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signs/Symptoms	
The onset of the allergic reaction is brought on by (i.e. smell, touch, etc.)	

*All medication must be delivered in its original, labeled, tamper- proof container. All medication will be stored and dispensed in the summer camp office. If your child carries an Epi-Pen it will stay with them at all times.

Township of King Staff will dispense the documented medication and dosage required to the child listed on this medical form. It is expected that the child will self-administer the medication while being monitored by Township of King Staff. If necessary the Township of King Staff will provide a hand-over-hand technique dependent upon the situation and abilities of the participant involved in the administration of the above medication. I release the Township of King and its staff from any liability or loss, damage or injury, however caused, to my child's person or property arising out of dispensing or failure to dispense the medication as provided herein.

Parent Name: _____

Signature: _____

Date: _____