

Medications Being Taken

Please list all medications taken routinely (including over-the-counter and prescription products, and whether they are taken by mouth, on skin, in eyes, ears, etc ...)

	Name of Medication	Dosage	When should it be administered?
1.	_____		
2.	_____		
3.	_____		
4.	_____		

Please remember to send all medication labelled with the name of the child, in the original packaging / bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Child's Regular Doctor: _____

Phone #: () _____

Please read and sign below:

- To the best of my knowledge, this Health Information Form is correct and the child herein described has permission to engage in all camp activities, except as noted.
- I agree to notify the Camp Office if there is any change in the health of the child herein described between the time of completion of this Health Information Form and their daily arrival at Camp.
- I hereby give permission for Bayview Glen Day Camp to release any records necessary for medical or insurance purposes.

Authorization For Treatment:

- I hereby give my consent and permission for my child to receive treatment in the BVG Health Centre.
- I give permission for the child herein described to be given over-the-counter medication, if necessary for the treatment of fever, allergic reactions, coughs, headache or other minor complaints. I understand that these medications will only be given at the discretion of one of the camp nurses.
- I understand that in the event of an emergency, attempts will be made to contact me or the emergency contacts immediately. In the event that I cannot be reached in an emergency, I hereby give permission for my child to be transported to, assessed and treated in a hospital as deemed necessary in the circumstances.

Parent's / Legal Guardian's Signature: _____ Date: _____

