

Pickering/West Rouge Canoe Camp

Request for Administration of Medication by Injection in Emergency Situations

Camper: _____ Age: _____ D.O.B.: _____

ALLERGY:

Address: _____ Home Phone: _____

Parent's Name: _____ Business Phone: _____

Physician's Instructions for Administering Medication by Injection

Physician's Name: _____ Physician's Phone: _____

Physician's Signature: _____

Physician's Address: _____

Name of Medication: _____ Expiry Date: _____

Dosage: _____

Method of Administration: _____

Symptoms Indicating Emergency: _____

Dates for which Authorization Applies (length of time medication is given): _____

Possible Side Effects: _____

Special Storage and Safekeeping Requirements (if necessary): _____

Parent/Guardian Authorization and Release

I/We, the custodial parent(s) of _____, hereby request and give my/our authorization and consent to the Pickering/West Rouge Canoe Club/Camp to give the above medication to my/our child in the event of a suspected anaphylactic reaction by my/our child, according to the above medication information and instructions. I further certify to the accuracy of the information provided, and to the appropriateness of the means and process for injection/administration as outlined by my/our physician and/or as demonstrated by me/us to regular staff who may be reasonably expected to administer an epipen injection to my/our child in an emergency.

I/We further release the Pickering/West Rouge Canoe Club/Camp, its employees and agents from all manner of actions, causes of actions, suits, losses, damages, or injuries howsoever caused, by negligence or otherwise, arising out of the administration of the medication as provided herein, or arising due to a failure to administer the medication in circumstances in which the medication cannot or may not reasonably be administered as required. I/We do also hereby agree to indemnify the Pickering/West Rouge Canoe Club/Camp, and its employees or agents, for any losses or damages sustained by them as a result of actions or proceedings being commenced against them by myself/ourselves or my/our child, or any other parent(s) or guardian of said child.

I/We hereby acknowledge that I/we have read and fully understand the terms set out herein.

Parent/Guardian #1 Signature

Parent/Guardian #2 Signature

Signature of Parent standing in loco parentis to the child and having the legal authority to sign this document

Note: This request will expire August 31st of each year