

MEDICATIONS PLAN AND ALLERGY ASSISTANCE FORM

[Reminder: The term "camper" or "participant" may be used interchangeably and is applicable to all registrants. Where applicable, please bring the completed form on the first day of EACH registered camp.]

PART 1: NOTICE OF PRESCRIBED MEDICATIONS PLAN

(Complete only if your Camper/Participant requires **prescribed medication(s)** during the Camp/Course.)

Do you have a **pre-arranged prescribed medication(s) administration plan** in place with the **Campus Health and Wellness Centre (CHWC)** at Ontario Tech University? YES NO

If YES, please list when your Camper/Participant must be escorted to the CHWC for the **pre-arranged** prescribed medication(s) administration plan:

- Monday**(a.m.) _____ (p.m.) _____ **Tuesday**(a.m.) _____ (p.m.) _____ **Wednesday**(a.m.) _____ (p.m.) _____
 Thursday(a.m.) _____ (p.m.) _____ **Friday**(a.m.) _____ (p.m.) _____

Comments (please do not provide confidential medical information):

MANDATORY: If a Camper/Participant requires prescribed medication(s) during the course of their registered camp/course, parents/guardians will be required to contact the Campus Health and Wellness Centre to make arrangements for a health care professional to administer the prescribed medication(s). **ADDITIONAL REQUIREMENTS** are listed on page 2 of this form.

See PAGE 2 for signatures (required)

PART 2: EPI-PEN/INHALER/OTHER ADMINISTRATION AUTHORIZATION

(Complete only if your Camper/Participant carries an epi-pen, inhaler and/or other similar use item during the Camp/Course.)

Does the Participant require use or administration of a prescribed EPI-PEN, INHALER, or OTHER, SIMILAR USE ITEM during the listed Camp/Course (select all that apply)?

- Yes** (EPI-PEN) **Yes** (INHALER) **Yes** (OTHER, SIMILAR USE ITEM)

If YES to any of the above, please complete the below **Permissions/Waiver** (please select all that apply):

- EPI-PEN / INHALER / OTHER, SIMILAR USE ITEM to be administered by the **Participant**.
 EPI-PEN / INHALER/ OTHER, SIMILAR USE ITEM may only be administered by the **Camp /Course Staff** during a medical event or when the Camper/Participant appears to require assistance.

Parent/Guardian Authorization: I, _____ (Parent/Guardian name) hereby authorize the administration of the **EPI-PEN / INHALER/ OTHER, SIMILAR USE ITEM** to _____ (Camper/Participant's name) as indicated above. *Administration of an epi-pen or other, similar use item will result in a call to emergency services and the Parent/Guardian.

- I agree to provide to my child (the Camper/Participant), the prescribed EPI-PEN, INHALER, or OTHER, SIMILAR USE ITEM in the original container dated, labeled, as supplied by the pharmacist, and contains the Participant's name.
- I understand that EPI-PEN, INHALER, or OTHER, SIMILAR USE ITEMS required for life threatening allergies must remain with the Camper/Participant and that the Participant is responsible for carrying their EPI-PEN, INHALER, or OTHER, SIMILAR USE ITEM at all times.
- I understand that Camp/Course Staff are not trained health-care professionals and that the assisted administration of an EPI-PEN, INHALER, or OTHER, SIMILAR USE ITEM is being provided by Camp/Course Staff on a purely voluntary and gratuitous basis. As the Parent/Guardian of the Participant receiving medication, I fully understand the nature and extent of the risks involved in administering medication.

REMINDER: In case of emergency or illness, every effort will be made to contact the parent/guardian. In the event that the parent/guardian cannot be reached or the nature of the exigent circumstances do not allow for such contact to occur, a qualified health professional or medical attendant may attend to the Participant and administer appropriate treatment, including hospitalization, if required. If Ontario Tech University, at the direction of a qualified health professional or medical attendant, sends the Participant directly to the nearest hospital by ambulance, the parent/guardian listed at the time of registration will be solely responsible to pay for any ambulance services.

See PAGE 2 for signatures (required)

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PART 3: CAMPER/PARTICIPANT DETAILS, PARENT/GUARDIAN SIGNATURE

(Required; to be completed by a Parent/Guardian)

Camp/Course name: _____

Camp/Course start date: _____ (mm/dd/yyyy) Camp/Course end date: _____ (mm/dd/yyyy)

Confirmation number: _____

Camper/Participant name: _____

Assumption of Risk and Release of Liability: I/we have read, understood and agree to the [2026 Ontario Tech University Camps \(Children & Youth\) Assumption of Risk and Release of Liability](#). I/we warrant that I/we am/are the parent(s) or legal guardian(s) of the individual named in this form who is a minor and that I/we am/are entitled to sign this Assumption of Risk and Release of Liability. I/we indemnify Ontario Tech University, and its successors and assigns against any loss or claim if the minor disavows the Assumption of Risk and Release of Liability because the minor was a minor or for any other similar grounds.

Parent/Guardian name (printed): _____

Parent/Guardian signature: _____ Date: _____ (mm/dd/yyyy)

Campus Health and Wellness Centre requirements

(The below information is provided on behalf of the Campus Health and Wellness Centre)

Applicable to parents/guardians arranging for a **PRESCRIBED MEDICATIONS PLAN (see PART 1 above)**, please note:

1. Parent(s)/guardian(s) are required to come to the Campus Health and Wellness Centre prior to the first day of the registered Camp/Course for registration and documentation purposes. At the nurse's discretion an appointment with a physician may be required. For this reason, parents/guardians are asked to contact the Campus Health and Wellness Centre **at least two weeks before** the start date of the registered Camp/Course.

2. The Campus Health and Wellness Centre will require:

- written permission from the parent/guardian to administer the prescribed medication(s) to the Camper/Participant
- clearly identified directions for medication administration
- the medication to be provided in its original, up-to-date container with a legible label from a pharmacy

3. Contact details for the Campus Health and Wellness Centre are available on the [Campus Health and Wellness Centre website](#).