

MEDICATIONS PLAN AND ALLERGY ASSISTANCE FORM

[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 program)

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 requires prescribed medication(s) during the course of their registered camp, 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 program)

Does the Participant require use or administration of a prescribed EPI-PEN, INHALER, or OTHER, SIMILAR USE ITEM during the listed Camp program (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 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 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 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 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)

Name of the Camp (printed): _____

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

Child's (camper/Participant) name (printed): _____

Assumption of Risk and Release of Liability: I/we have read, understood and agree to the [2024 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 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.

2. The Campus Health and Wellness Centre will require:

- written permission from the parent/guardian to administer the prescribed medication(s) to the camper
- 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](#).