



Medical Administration Record Form

CMS SUMMER CAMPS

DATE

TO BE COMPLETED BY THE PARTICIPANT OR THE PARENT/LEGAL GUARDIAN OF THE PARTICIPANT

/ /

Participant Name:

Date of Birth / / Phone:

Address:

Address:

City /Country Postal/Zip Code:

Emergency Contact Phone:

Phone:

Phone:

ALLERGY INFORMATION

Allergies

Symptoms

Anaphylactic Allergies

Symptoms

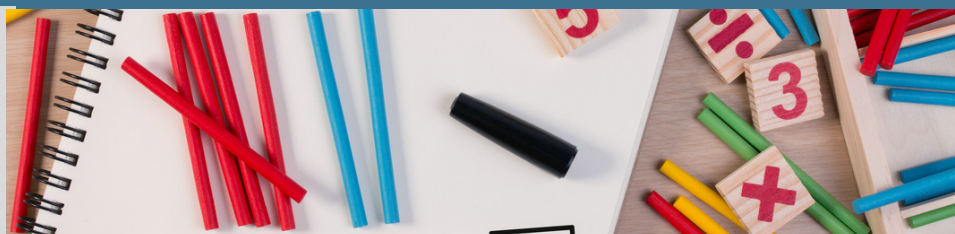
Does the participant have an Epi-Pen for this allergy? Yes ☐ No ☐

CMS Staff are not permitted to administer medications to a child including the administration of Prescription and Non-Prescription Medications. Prescription and nonprescription medications may be administered with parent/guardian authorization. A Request to Administer Medication form must be filled out prior to camp and signed by the parent/guardian. Each medication must be in its original container and labeled with the exact dosage to be followed when the medication is given out. (including Epi-Pens)

	Medication 1	Medication 2	Medication 3
Medication(s) Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dosage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time to Dispense	<input type="text"/>	<input type="text"/>	<input type="text"/>
Instructions for Dispensing	<input type="text"/>	<input type="text"/>	<input type="text"/>

By signing this Medication Record Form I give my permission to CMS Staff to handle and deliver the aforementioned medication during his/her time at Camp and release the CMS from any claims whatsoever that may arise from the handling or delivering of the aforementioned medication by CMS Staff. I also understand that it is my responsibility to pick up and drop off the aforementioned medication at the specific program site each day. With the exception of an EpiPen, I understand that the CMS Staff cannot physically administer or force medication onto any participant. This request shall expire when the camper is no longer enrolled in any CMS Camps.

Signature of Parent/Legal Guardian of the Participant



Medical Administration Record Form

TERMS AND CONDITIONS

Terms and Conditions for the Canadian Mathematical Society staff to dispense, supervise the administration, and/or store the camper's medication.

1. I agree to provide CMS staff with all prescription medication in the original container dated, labeled, and supplied by the pharmacist. The label will contain the camper's name, the physician's name, the name of the medication, the dose, the medication route, the schedule for administration and instructions for storage.
2. I agree that CMS staff may refuse to dispense, supervise the administration, or store medication where the label(s) on the medication container(s) do not contain all the information specified above.
3. I understand that none of the CMS staff are trained health professionals and that the dispensing of medication is being provided by CMS on a purely voluntary and gratuitous basis. As the camper or Parent/Guardian of the camper receiving medication, I fully understand the nature and extent of the risks involved in dispensing medication.
4. I understand that it is my responsibility to collect all remaining medication at the end of the camp week

I confirm that I have read and understand this agreement. I am aware that by signing this agreement I have agreed to assume full legal liability for all risks involved in having the CMS staff dispense medication under the provisions of this agreement to the named camper.

I authorize the Canadian Mathematical Society staff to store/handle medication for the named participant, dispense medication to the named camper, and supervise the named camper in the administration of their own medication.

Signature Parent/Legal Guardian of the Participant

DATE

 / /

THANK YOU FOR YOUR REGISTRATION