

Native Child and Family Services of Toronto  
Summer Camp Programs



**Medication Administration Form**  
**(Permission to Assist in the Administration of Medication)**

*NCFST is unable, due to Ministry standards, to administer medication to Campers.  
We will, however, assist Campers with their self-administration of medication.*

Camper Name

First

Middle Initial

Last

I hereby give my permission to the Camp Staff of Native Child and Family Services of Toronto to assist with the administration of:

Name of medication	Dosage <i>How many times per day as listed on prescription label?</i>	Prescription Number

according to the medical physician's instructions printed on the prescription container or on the request for administration of non-prescription medication completed by the physician.

**Parent/Guardian Signature:**

Parent/Guardian Name:

Signature:

Date:

D

M

YYYY

Health Card #

				-					-					-		
--	--	--	--	---	--	--	--	--	---	--	--	--	--	---	--	--

Family Doctor's Name

Family Doctor's Phone #

( ) -

Medication Name

Start Date

End Date

Parent must sign off daily on all medications (unless for Grundy Camp, in which case signature is required at pick up).

Medication will only be administered if in original packaging, labelled with Camper's name and directions for administration.

**Note: If medication is to be administered at a frequency of 2x daily, it is recommended that the medication be administered at home.**