



Consent For Self-Administration And Dispensing* Of Medication

Camper Information	
Child's Name:	
Date:	
Camp Attending:	
Week of Camp:	
Type of Medication:	
Potential Side Effects:	
Dosage Given:	
Times Per Day:	
Storage Requirements:	
Special Instructions when Dispensing Medication:	
Doctor's Name:	
Phone Number:	
Medication Should be Taken with:	
Health Card #:	

Please see next page for more required information and signature

Important - Read Before Signing

Program participants MUST accept responsibility for self-administering their own medication. Town of Newmarket program staff will DISPENSE medication for self-administration by the program participant and supervise when written consent is provided on this form.

For the safety of all campers, all medication is to be either locked away or in possession of Town of Newmarket staff. Therefore, no child is permitted to carry medication during camp. Some camps are able to store medication in a refrigerator. If you have any questions, please speak to the Camp Director for more information.

Please note that the medication must be clearly labeled with the following information:

Child's Name
Doctor Name and Phone Number
Pharmacy Name and Phone Number
Name of Medication
Dosage and Time to Administer Medication

I/We request that the medication stated on this form using the procedure outlined, be dispensed to my/our child by the Town of Newmarket, its employees and agents until such time that I/we advise the Town of Newmarket in writing that these instructions are changed.

I/We acknowledge that the employees or agents of The Town of Newmarket are not medically trained to administer medication. I/We acknowledge that my child will be self-administering their own medication under the supervision of Town of Newmarket program staff.

I/We hereby release The Town of Newmarket, its employees and agents from all manner of actions, suits, losses, damages and injuries whether caused by negligence or otherwise arising out of the administration or failure to administer medication provided herein, and I/we do also hereby indemnify The Town of Newmarket, its employees and agents for any losses or damages sustained by them as a result of such actions proceeding being commenced against them by myself or my child, or any parent or guardian of said child.

I/We hereby acknowledge that I/we have read and fully understand the terms set out herein, and sign on behalf of myself/ourselves, my/our child, or any other parent/guardian of this child.

Name: (18 Years or older)	
Signature: (Must be 18 years or older)	

*Please note: in this form of the word DISPENSE means – distribute, deal out, make up and give out (Oxford Dictionary). Town of Newmarket Staff will DISPENSE the stated amount of medication to the above stated child on a spoon or dispenser or put in the hand of the child who will take the medication without further assistance.



Recreation & Culture – Camp Central

Town Of Newmarket, Recreation Youth Centre
56 Charles Street
Newmarket, ON L3Y 3V8
Phone: 905-953-5300 ext. 2825 or 2826
www.newmarket.ca Fax: 905-836-5125