

MEDICAL CONSENT FORM

Name of Camper: _____

Programme Name: _____ Location: _____

Type of Medication: _____

Dosage Requirements:

I _____ Give my permission for the day camp staff of the
City of Barrie Parks and Recreation Department to handle
_____’s medication during his/her time at camp. With the
exception of the Epipen, I understand that the staff cannot
physically administer or force the medication.

PARENT/GUARDIAN NAME: _____

CONTACT #: _____

PRESCRIBING DOCTOR: _____ PHONE #: _____

DATE

PARENT/GUARDIAN SIGNATURE