ADMINISTRATION OF MEDICATION AUTHORIZATION

ONTARIO MENNONITE MUSIC CAMP

I, ____________________________ authorize the administration of
(name of medication) __________________________

to (child’s name) ____________________________

for (reason) ________________________________

by the Camp Director or a staff member designated by the Camp Director.

Dosage: ____________________________

Times of Administration:

1. ________________________  2. ________________________

3. ________________________  4. ________________________

Is refrigeration required?  Yes  No

Special instructions: ____________________________________________

___________________________________________________________

Side effects: ________________________________________________

___________________________________________________________

Stop medication if the following reaction(s) observed: __________________________

_____________________________________________  __________________________

Parent / Guardian Signature  Date

I hereby release Ontario Mennonite Music Camp, staff and volunteers from all manner of actions, causes of
actions, suits, losses, damages or injuries, however caused, arising out of the administration or failure to administer medication as provided herein, and I do also hereby indemnify the said camp, its staff and volunteers for any losses or damages sustained by them as a result of such actions or proceedings being commenced against them by myself or the camper or nay other parent or guardian of said camper.

__________________________________________    __________________________

Parent / Guardian Signature  Date