Administration of Medication Authorization  
Ontario Mennonite Music Camp

Please fill out one form for each medication a camper is bringing to 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:  

_____________________________________________________________________________________

_____________________________________________________________________________________

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  
any other parent or guardian of said camper.

___________________________________________________           ____________________________  
Parent / Guardian Signature           Date