

# 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: \_\_\_\_\_

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Side effects: \_\_\_\_\_

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Stop medication if the following reaction(s) observed: \_\_\_\_\_

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\_\_\_\_\_  
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 any other parent or guardian of said camper.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date