

# Trinity Hill Top Day Camp Medication Form

(Each medication your child is sent with to Day Camp, requires a separate medication form)

Type of Medication (please check one):

- Daily Prescription                       Daily Non-Prescription  
 Emergency Prescription                 Emergency Non-Prescription

\*If the medication is a prescription, please ensure that the label from the pharmacy is attached to the medication

\*If the medication is NOT prescribed, please ensure that the medication is clearly labelled with your child's full name not only on the box that the medication is in but also on the actual medication

Child's Full Name	
Name of Medication	
Purpose of Medication	
Time of Last Dose	
Dosage	
How the child takes the medication (With water/food etc.)	

Daily Medication:

At what time(s) of day should this medication be administered to the child?

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Emergency Medication:

Under what circumstances should this medication be administered to the child?

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Are there any possible side effects to this medication? (Please check one):

Yes       No

If Yes, please describe or attach pharmacist details:

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Has your child ever experienced any side effects while taking this medication before?

(Please check one):  Yes       No

If Yes, please specify what the side effect(s) were

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Does your child have any environmental allergies that you are aware of? (Please check one):

Yes       No

If so, what are they allergic to?

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I hereby give permission to the Trinity Hill Top Day Camp Staff to administer the above medication to my child at the time(s) and under the circumstances I have outlined above.

Parent/Guardian Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

# Trinity Hill Top Day Camp Medication Dispensing Record

(To be filled out by THT Staff Member)

Child's full name: \_\_\_\_\_

Medication name: \_\_\_\_\_

Time of Dosage	Date	Dosage administered (yes or no)	Staff Initials (who administered the medication)

\*For a medication that is supposed to be administered DAILY record absent under the date column if the child is absent on a day during the week that the medication was supposed to be administered

Medication administered, and returned to the parent/guardian at the end of the camp week

Signature of staff member that administered the medication: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_