



Conseil du Québec Council  
 Réserve scoute Tamaracouta Scout Reserve

## MEDICATION CONSENT FORM

My child \_\_\_\_\_ (PRINT) will need to take the following medications during his/her week at TSR / CJD:

Please list ALL prescription and over the counter medications you are sending to camp. We can only administer the medications listed.

Name of medication (name on container)	Reason for taking it (medical / health conditions)	Dosage (amount to take each time)	Time of day it is taken (must be what it says on label unless it is occasional "as needed")	Side effects (any nuisance or adverse effects it causes e.g. nausea, sleepiness, etc)	Administration details (to be taken with certain drink, after meals, crushed, etc)	Other details we should know (e.g. youth does not like taking, new medication, etc).

- All medical and medication information is confidential.
- All medications must be kept in the nursing office. This includes Leader medications unless secure storage can be guaranteed. The exception to this would be emergency medications such as Epipens or asthma inhalers. In this case the leader or counsellor responsible for the child will ensure the medications are kept secure and readily available for use.
- **ALL prescription medications must be in their original container with the full the prescription label attached.**
- **ALL over the counter medications must be in their original container, have a valid expiry date and be child appropriate.**
- The camps (TSR/CJD) have a registered nurse (RN), a Student Nurse and many First Aid certified personnel. The RN oversees the general administration of all medications. Actual day-to-day dispensing of the medications will be done by either the RN, Student Nurse or designated camp personnel (e.g. youth on overnights will be supervised by their counsellor or on outings/activities with their group will be supervised by their leader)
- If a leader wishes to handle administering medication for youth in their care, they must be able to ensure its security.
- If there are special situations or you wish more information: contact the camp nurse (via TSR phone # 450-438-4096).

**I have read and agree to the information detailed above and authorize the RN, Student Nurse or other designated camp personnel as required to dispense the above listed medications.**

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone number during the time the youth is at camp: \_\_\_\_\_