

Planet Kids KELSO

Medication Release & Permission to Administer

If your child will require medication of any kind (prescription or non-prescription) while at camp, please complete the information below. **Please note:** Planet Kids will only accept the daily dosage amount of medication each day. If your child is attending multiple weeks of camp this form is required each week.

On Monday please have this form completed giving it to the designated Bus Monitor or Camp Director, along with your child's medication for that day in a sealed ziploc bag. Tuesday-Friday please give the medication in a sealed ziploc bag labeled with your child's name, to the designated Bus Monitor or Camp Director. Unless medication needs to be stored in a fridge, medication will be given to the appropriate staff each day, it will not be kept with the camper.

Asthma Inhalers and Epi-pens:

These are the only medications that will be kept in the possession of the camper who requires them. This form is still to be completed and signed by the parent/guardian, giving Planet Kids Staff permission to administer if required.

CAMPER & CAMP PROGRAM INFORMATION:

Child's Name: _____ Male _____ Female _____ Last Grade Completed: _____

Bus Camper?: **YES NO** If yes bus stop name: _____

Camp Date: _____ Camp Attending (please check below):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Animal World | <input type="checkbox"/> Farm Life | <input type="checkbox"/> Kinder Scientists Camp | <input type="checkbox"/> Shoot It Jump It Climb It |
| <input type="checkbox"/> Art Ventures 1-2 | <input type="checkbox"/> Graffiti Art Attack | <input type="checkbox"/> Kinder Sports Camp | <input type="checkbox"/> Soccer Camp |
| <input type="checkbox"/> Art Ventures 3-4 | <input type="checkbox"/> Hands On Science 1-2 | <input type="checkbox"/> Leadership Exploration & Development | <input type="checkbox"/> Swing Sports Camp |
| <input type="checkbox"/> Babysitters Club | <input type="checkbox"/> Hands-On Science 3-4 | <input type="checkbox"/> Leadership Zone | <input type="checkbox"/> Tag It Climb It Putt It |
| <input type="checkbox"/> Basketball Camp | <input type="checkbox"/> It's A Girl Thing Camp | <input type="checkbox"/> Let's Build Blockanics | <input type="checkbox"/> Traditional Camp |
| <input type="checkbox"/> Cheer-Dance Camp | <input type="checkbox"/> Jr.Archaeologist/Time Traveller | <input type="checkbox"/> Let's Build Robotics | <input type="checkbox"/> Ultimate Sports Camp |
| <input type="checkbox"/> Claymation/Lego Animation | <input type="checkbox"/> Kinder Krafts | <input type="checkbox"/> Multi-Sport Camp 1-2 | <input type="checkbox"/> Volleyball Camp |
| <input type="checkbox"/> Construct It | <input type="checkbox"/> Kinder MAX | <input type="checkbox"/> Multi-Sport Camp 3-4 | <input type="checkbox"/> Waterfront Camp |
| <input type="checkbox"/> Counsellor In Training | <input type="checkbox"/> Kinder Move & Music Camp | <input type="checkbox"/> Nature Explorers Camp | <input type="checkbox"/> Wilderness Camp |
| <input type="checkbox"/> Crowns, Gems & Jewels | <input type="checkbox"/> Kinder Nature Seekers | <input type="checkbox"/> Outdoor Adventure Camp | <input type="checkbox"/> Works of Art Camp |

MEDICATION INFORMATION:

Name of Medication: _____

Does medication need to be kept refrigerated? (please circle one) **YES NO**

Day(s) to be administered (please check):

**we only accept the daily dosage amount of medication. This form is only required Monday, each week of camp, your child is attending.

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Time(s) to be administered: 1. _____ 2. _____ 3. _____ 4. _____

Dose(s) to be administered each time: _____ / _____ / _____ / _____

PARENT INFORMATION:

By signing this form I the parent/guardian give permission to Planet Kids Summer Camps to administer the medication listed above.

Print Full Name: _____ Day Telephone #: _____

Parent/ Guardian Signature: _____ Date: _____