



## Gee-Gees Camps Medication Authorization Form



Gee-Gees camps are dedicated to providing a safe and healthy environment for your child. Thank you for providing us with the essential information for us to safely help your child with their medication needs.

### Child's information

First name:	Last name:
Date of birth:	Age:
Health insurance number:	Province:
Camp currently registered for:	

### Main/emergency contact information

Full name:	Relationship to child:
Home phone:	Cellphone:
Work number:	x
Email:	

### Secondary/emergency contacts:

Full name:	Relationship to child:
Home phone:	Cellphone:

Full name:	Relationship to child:
Home phone:	Cellphone:

**Please note that all medication must be in its original container.**

### EpiPens

We recommended providing us with two EpiPens for camp week. One will remain with your child, and the other with a camp leader.

Does your child carry an EpiPen? Yes / No	How many EpiPens will you provide?
What allergy is the EpiPen prescribed for?	
Special notes:	

### Medication information:

Name of medication:	
Medical condition description:	
<b>Symptoms:</b>	
Dosage:	Time of day (and/or other medication details):
Number of times per day the child must take their medication	1 2 3 4 5 6

