



Participant Allergy and Medication Alert Form

PARTICIPANT DETAILS

Participant Name: _____

Parent/Guardian Name: _____

Emergency Contact Name: _____ Number: _____

PROGRAM DETAILS

Program Name: _____

Program Location: _____

ALLERGY INFORMATION

Allergen: _____

Potential Symptoms: _____

Is this an anaphylactic allergy? YES NO

Does the participant have an Epi-Pen for this allergy? YES NO

MEDICAL INFORMATION

Medication Name: _____

Dosage: _____ Time to dispense medication: _____

Does the medication require refrigeration? YES NO

Instructions for dispensing medication: _____

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act, M. 56, R.S.O. 1990 and will be used to assist with the dispensing of medication. Questions about this collection should be directed to: Records and Information Supervisor, City of Barrie, 70 Collier Street, Barrie, Ontario, L4M 4T5, (705) 726-4242, ext. 4377

Terms and Conditions for Recreation Services Staff to dispense, supervise the administration, and/or store the Participant's medication.

1. I agree to provide Recreation Services Staff with all prescription medication in the original container dated, labeled and supplied by the pharmacist. The label will contain: the Participant's name, the physician's name, the name of the medication, the dose, the medication route, the schedule for administration and instructions for storage.
2. I agree that City of Barrie Staff may refuse to dispense, supervise the administration or store medication where the label(s) on the medication container(s) do not contain all the information specified above.
3. I understand that none of the City of Barrie Staff are trained health professionals and that the dispensing of medication is being provided by City of Barrie Staff on a purely voluntary and gratuitous basis. As the Participant or Parent/Guardian of the Participant receiving medication, I fully understand the nature and extent of the risks involved in dispensing medication.
4. I understand that it is my responsibility to collect all remaining medication at the end of the camp week

I confirm that I have read and understand this agreement. I am aware that by signing this agreement I have agreed to assume full legal liability for all risks involved in having the City of Barrie dispense medication under the provisions of this agreement to the named Participant.

I authorize the City of Barrie's Recreation Services Staff to store/handle medication for the named participant, dispense medication to the named participant, and supervise the named participant in the administration of his/her own medication

Parent/Guardian Name

Parent/Guardian Signature

Date

Medication Dispensing Log

Participant Name: _____

Date	Time	Medication Given	Dosage Given	Staff Dispensing Medication

When this log is full please ask your Programmer to print another, and attach it to this one.