Administration of Medication Authorization

The Carousel Dance Centre Inc. – Summer Dance 2025

Instructions for Parents/Guardians

Please complete this authorization form to permit Carousel Summer Dance Camp staff to administer medication to your child. Camp staff will only administer epi-pens and inhalers during the event of an emergency. All other medications must be administered at home or on-site by a parent during camp hours if required. This form must be filled out entirely and signed by a parent or guardian. Return the completed form to the Carousel office no later than the first day of camp.

Camper Information

- **Camper's Full Name:** _____
- **Date of Birth:** _____
- **Parent/Guardian Name:** _____
- **Contact Number:** _____
- **Emergency Contact Name:** _____
- **Emergency Contact Number:** _____

Medication Details

EpiPen

My child may require administration of an epi-pen for anaphylaxis due to a life-threatening allergy
☐ yes ☐ no. If yes, please complete details below.

- **Allergy Trigger:** _____
- **Symptoms of Allergic Reaction:** _____
- **Epi-pen Dosage:** _____
- **Administration Instructions:** _____

Epi-pens must either be worn by the child in a fanny pack or left with the camp director in the designated epi-pen storage area. In the event that an EpiPen is administered, camp staff will immediately call 911 to ensure prompt medical attention.

Inhaler

My child may require administration of an inhaler during camp hours ☐ yes ☐ no. If yes, please complete details below.

- **Condition/Diagnosis:** _____
- **Medication Name:** _____
- **Symptoms that require the use of the inhaler:** _____
- **Dosage Instructions:** _____
- **Frequency of Administration:** _____
- **Storage Requirements:** _____

  ☐ My child can take their inhaler on their own

  ☐ My child will require assistance from camp staff to take their inhaler

Authorization and Consent

I, the undersigned, authorize the staff at Carousel Summer Dance Camp to administer the above-listed medication(s) to my child as per the instructions provided. I understand that camp staff are not medical professionals and will administer medication as directed by this form.

I acknowledge that it is my responsibility to provide the medication in its original packaging with appropriate labeling and to ensure the medication is not expired. I also understand that any changes in medication or administration instructions require a new authorization form.

- **Parent/Guardian Name:** _____
- **Parent/Guardian Signature:** _____
- **Date:** _____

Additional Information

Please provide any additional instructions or information regarding your child's medical needs or any other relevant health concerns:

Thank you for your cooperation in helping us ensure the safety and well-being of all campers. If you have any questions or concerns, please contact the camp office directly.