

# **King's - Planet Kids Summer Day Camp Medication Release Form**

Please complete the information below if your child requires medication of any kind (prescription or non-prescription) while at camp. An individual form must be completed for each type of medication required and we only accept the daily dosage amount each day. **Asthma inhalers and Epi-pens** are the only medications that are allowed to be in the possession of campers that require them (this release form must still be filled out for these two exceptions). All other medications including Allergy medication (eg. Benadryl) and Pain medication (eg. Tylenol) must be given to our designated Bus Monitor or Camp Director along with this form.

**Child's Name:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Last Grade Completed (as indicated on registration):** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Bus Pick-up/Drop-off Location (if applicable):** \_\_\_\_\_

**Week Your Child is Attending Camp (please check):**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week #2	Week #3	Week #4	Week #6	Week #7	Week #8	
7/9-7/13	7/16-7/20	7/23-7/27	8/7-8/10	8/13-8/17	8/20-8/24	

**Camp Attending (please check):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> King's – Arts & Crafts Camp     | <input type="checkbox"/> King's – Its A Girl Thing Camp  | <input type="checkbox"/> King's – Let's Build Robotics Camp |
| <input type="checkbox"/> King's – Basketball Camp        | <input type="checkbox"/> King's – Kinder Max Camp        | <input type="checkbox"/> King's – Multi-Sport Camp 1-3      |
| <input type="checkbox"/> King's – Counsellor In Training | <input type="checkbox"/> King's – Kinder Move & Music    | <input type="checkbox"/> King's – Multi-Sport Camp 4-6      |
| <input type="checkbox"/> King's – Drama Camp             | <input type="checkbox"/> King's – Kinder Scientists Camp | <input type="checkbox"/> King's – Traditional Camp          |
| <input type="checkbox"/> King's – Hands On Science Camp  | <input type="checkbox"/> King's – Let's Build Blockanics |   |

**Is Medication to be sent home each night or stay at camp?**  Home each night  Stay at camp  
(Please check an option)

**Name of Medication:** \_\_\_\_\_

**Date(s) to be administered** (Please Check):

Monday  Tuesday  Wednesday  Thursday  Friday

**Time(s) to be administered:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Dose(s) to be administered each time:** \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Full Name:** \_\_\_\_\_ **Day Telephone #:** \_\_\_\_\_