



Medical Alert Form

TreeTop Eco-Adventure Park

Outdoor Adventure Day Camp

Does your Child have any allergies or medical conditions we need to be aware of? These include, but are not limited to, life threatening allergies and conditions that affect your child's level of participation.

Participant's Name: _____

Medical/Behavioural Information:

Medication Required: Y / N

If Yes please fillout Permission and Waiver to Dispense Medication Below

Camper's Health Card #: _____

Parent/Guardian's Name: _____

Emergency Contact Phone: _____

Doctor's Name: _____

Doctor's Phone: _____

Permission and Waiver to Dispense Medication

Name of Medication: _____

Dosage: _____

Time to Administer: _____

Storage: _____

Dispensing Info: _____

Statement of Parental Responsibility:

I understand that it is my responsibility to give the medical information directly to program staff with full instructions in original prescription bottles only. In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward or other family member is accurate. I also understand that it is my responsibility to inform the TreeTop Eco-Adventure Park Outdoor Adventure Day Camp staff of any changes in the dispensing of medication.

Parent Name (Please Print)

Parent Signature

Date