



# of Rock and Chalk Ltd

Indoor Rock Climbing

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## Summer Camp Medication Dispensing Form

Type of Medication (check one):

Daily

Emergency

Name of Child:			
Purpose of Medication:			
Medication Name:		Expiry Date:	
Date Prescribed:			
Time of Last Dose:			
Times to Administer Daily Medication:			
Times to Administer Emergency Medication:			
Dosage:			

**\* The label from the pharmacy must be attached to the medication.**

Medication Location (check one):

To be kept at camp

Sent home daily

Medication Storage (check one):

Refrigerated

Room Temperature

Are there Side Effects to the medication (check one)?

Yes

No

If yes please describe, or provide pharmacists details:

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I hereby give my permission for the Of Rock and Chalk Summer Camp Staff to administer the above medication to my child at the specified times.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date