



2016 Medical Information Form

Return Medical Information Forms to Pickering Rouge Canoe Club:

Pickering Rouge Canoe Camp (PRCC)
P/O Box 187, 91 Rylander Blvd., Unit 7,
Scarborough, ON M1B 5M5 (905) 767 - 3330

OR

Drop off at our club mailbox at the West Rouge
Community Center (270 Rouge Hills Drive)

Request For Administration Of Medication By Injection In Emergency Situations

Participant Name	
Health Card #	
Date of Birth	

Parent Information			
Parent(s) Name(s)			
Street Address			
City		Postal Code	
Home Phone #		Other Phone #	

Emergency Contact (other than listed above)	
Name	
Relation To Participant	
Phone Number(s)	

Physician Information			
Physician's Name			
Street Address			
City		Postal Code	
Physician's Phone #			

For more information, please
visit pickeringrouge.ca or e-mail camp@pickeringrouge.ca
or call 905-767-3330

Nutritional, Allergy or Other Medical Concerns (please provide details for each medication)

Name of Medication: _____ Expiry Date: _____

Dosage (timing): _____ Method of Administration: _____

Symptoms Indicating an Emergency: _____

Date's for which authorization applies (length of time medication is given): _____

Possible side effects: _____

Special storage and safe keeping requirements: _____

Parent/Guardian authorization and release

I/We, the custodial parent(s) of _____, hereby request and give my/our authorization and consent to the Pickering Rouge Canoe Club to give the above medication to my/our child in the event of a suspected anaphylactic reaction by my/our child, according to the above medication information and instructions. I further certify to the accuracy of the information provided, and to the appropriateness of the means and process for injection/administration as outlined by my/our physician and/or as demonstrated to me/us to regular staff who may be reasonably expected to administer an EpiPen injection to my/our child in an emergency.

I/We further release the Pickering Rouge Canoe Club, it's employees and agents from all manner of actions, suits, losses, damages, or injuries howsoever caused, by negligence or otherwise, arising out of the administration of the medication as provided herein, or arising from a failure to administer the medication in circumstances in which the medication cannot or may not reasonably be administered as required. I/We do also hereby agree to indemnify the Pickering Rouge Canoe Club, and its employees or agents, for any losses or damages sustained by them as a result of actions or proceedings being commenced against them by myself/ourselves and my/our child, or any other parent(s) or guardian of said child.

I/We hereby acknowledge that I/we have read and fully understand the items set out herein.

Parent/Guardian #1 Signature

Parent/Guardian # 2 Signature

Date

Note: This Request Will Expire August 31st Of Each Year

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