



# Pickering Rouge Canoe Club Medical Information Form



## Return Medical Information Forms to Pickering Rouge Canoe Club

Mailing Address:

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

**OR**

Provide directly to Coach or Counsellor

## Request for Administration of Medication by Injection in Emergency Situations

<b>Participant Name</b>	
<b>Health Card #</b>	
<b>Date of Birth</b>	

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](http://pickeringrouge.ca) or e-mail [camp@pickeringrouge.ca](mailto:camp@pickeringrouge.ca)  
or [coach@pickeringrouge.ca](mailto:coach@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 31 of each year**