

**Town of Strathmore
Camp Participant Medication Dispensing Form 2026**

Strathmore Motor Products Sports Centre
1150 Edgeview Road
Strathmore, AB T1P 0H2
403-361-2121

If the child requires medication during their program (eg. Inhaler) the child must carry and administer their own medication. If your child cannot administer their own medication their guardian may come and assist them so long as this has been pre-arranged with the Town of Strathmore staff, prior to the start of the program.

Each medication requires a separate medication form (eg. 2 inhalers require 2 forms).

MEDICAL INFORMATION:

Type of medication: **Daily []** **Emergency []**

Name of Child	
Purpose of Medication	
Medication Name & Expiry date	
Date Prescribed	
Time of last dose	
Times to Administer Daily Medication	
When to Administer Emergency Medication	
Dosage	

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

Medication Storage: Refrigerate [] Room Temperature []

Are there any side effects to this medication: Yes [] No []

If yes, please describe or attach the pharmacist's details:

At the time of medication delivery, the 5 rights of medication administration shall be observed:

- 1) Right person (child's full name must appear on the medication label)
- 2) Right Drug (medication comes packaged in original pharmacy container)
- 3) Right Dose (child should be capable of measuring correct dose with little assistance from TOS Staff)
- 4) Right Route (child should be able to swallow pills, take inhaler correctly, etc. on their own as per directions on medication label)
- 5) Right Time (child will be reminded by TOS Staff at the correct time to take their medication as it appears on the Medication Dispensing form)



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CONSENT AND RELEASE:

I confirm that I have provided accurate and truthful information on this form and hereby give permission to the Town of Strathmore Employees to assist my child with the above medication. Furthermore, the Town of Strathmore including its agents, employees, volunteers, instructors, camp leaders and counselors are not liable for injury or damages that may occur to the child as a result of the medication or error in taking medication; as per the Participant Risk Acknowledgement, Release of Personal/Medical Information and Release, Waiver of Claim and Assumption of Risk form on Pages 5-6 of the Camp Participant Registration Form that have been signed by the Guardian.

Participants full name: _____

Legal Guardian 1

Last Name: _____ First name: _____

Signature: _____ Date: _____

Legal Guardian 2 (If applicable)

Last Name: _____ First name: _____

Signature: _____ Date: _____