



**REQUEST FORM FOR DISTRIBUTION OR
ADMINISTRATION OF PRESCRIBED MEDICATION (EXCEPTIONAL MEASURES)**

SUPERCAMP @ VANIER COLLEGE

NAME OF THE PARTICIPANT : _____ DATE OF BIRTH : _____

Name of the first parent :		Name of the second parent :						
Complete the following information								
Name of the medication:								
Name of the doctor:								
Quantity prescribed (dosage):								
Heure that the medication should be given :								
Administration procedure :								
Does the medication need to be refrigerated Oui <input type="checkbox"/> Non <input type="checkbox"/>								
length of treatment								
Possible side effects :								
Other pertinent information :								
AUTHORIZATION : This authorization is only valid for the present week,								
week:	1	2	3	4	5	6	7	8

I authorize a member of the Supercamp staff to distribute or administrate this medication to my child.

Parental authority signature

Date