



Space Explorers Program Medical Form

Camper Information:

Name: _____ Date of Birth: ____/____/____
dd/ mm/ yyyy
Emergency Contact Name: _____ Contact Phone Number: _____

Allergy Information:

(1) Allergen (substance or condition that causes an allergic reaction): _____
Is this an anaphylactic allergy? Yes No Is an EpiPen provided? Yes No
Symptoms and warning signs: _____

Reaction is brought on by: (select all that apply)

Ingestion Touching It Smelling It Other _____

(2) Allergen (substance or condition that causes an allergic reaction): _____

Is this an anaphylactic allergy? Yes No Is an EpiPen provided? Yes No

Symptoms and warning signs: _____

Reaction is brought on by: (select all that apply)

Ingestion Touching It Smelling It Other _____

Medication Information:

(1) Name of Medication: _____

Reason for Medication: _____ Dosage & Route: _____

Administration Timing(s): _____ Storage Instructions: _____

Any addition information for medication administrations and any know side affects:

(2) Name of Medication: _____

Reason for Medication: _____ Dosage & Route: _____

Administration Timing(s): _____ Storage Instructions: _____

Any addition information for medication administrations and any know side affects:



Terms and Conditions for Space Explorers Program staff to supervisor the administration of medication, administer the medication and/or store the medication:

- 1) For Prescription medication: The medication must have the original pharmacist's label with the following information: Camper's name, physician's name, name of the medication, dosage, medication route, schedule for administration as well as storage instructions.
- 2) For Non-Prescription Medication and Natural medicine: Camper must provide physician's written order before agreeing to administer, store or supervise the administration of Non-Prescription Medication/Alternative Medicine. All non-prescription medication must be supplied in its original container, dated and labelled with the camper's name.
- 3) For life threatening allergies: It is mandatory to provide the picture of the campers. Two Epipen®, two Allerject® or two TwinJect® brand auto-injectors of epinephrine. The Epipen®/TwinJect®/Allerject® must be prescribed by a physician and labelled with the pharmacist label. I understand that as a parent/guardian I am responsible for regularly checking my child's Epipen®/TwinJect®/Allerject® for expiration and discoloration.

Institute for Earth & Space Exploration (Western Space) at Western University will refuse participation in Space Explorers Program if the above Terms and Conditions have not been followed. Western Space has full right to refuse participation of the camper in program, if the camper requires the use of emergency medication and comes to the camp without their medication. I agree that Western Space staff may refuse to administer, supervise the administration or store medication where the labels on the medication container(s) do not contain all the information specified above. I understand that the Western Space staff participating in the medication administration are not trained health professionals and that the administration of medication is being provided by or, on behalf of the Western Space, on a purely voluntary and gratuitous basis. As the Parent/Legal guardian of the above mentioned campers receiving medication, I fully understand the nature and extent of the risks involved in administering medication. The staff members may share personal and confidential information stated in this as well as the registration form to the emergency health care providers in case of emergency.

I authorize the Space Explorers Program staff to:

- Supervisor the camper in the administration of his/her own medication
- Administer the medication to the camper

I confirm that I have read, understood and completed this agreement. By signing this agreement, I have agreed to assume full legal liability for all risks involved in having a Western Space staff administer medication under this agreement to the named participant. The personal information on this form is collected under the authority of the University of Western Ontario Act, 1982. The information is collected for the purpose of providing a summer camp opportunity to your child and to address your child's health and wellbeing. For further information about this collection, please contact the Education and Outreach Coordinator, Institute for Earth & Space Exploration, Western University, London ON, N6A 3K7; Phone: 519-661-2111 ext. 88508.

Print Name

Signature

Date