

Plan for Supporting the Participant's Medication

Medication or illness is not, in principle, an obstacle to participation, but the event organizer will assess and decide whether the necessary support can be provided during the activity.

Participant's name

What illness or symptom is in question?

Medication; name, dosage

Participant's need for support with medication:

(Select what kind of support the participant needs)

reminder needs practical assistance with medication storing the medication

Write a description of the participant's medication during the camp or trip. Provide instructions for staff regarding the support needed for medication or illness management.

(For example: how the participant manages taking their medication or treating their illness, what kind of support and assistance the participant needs, which symptoms or side effects should be monitored, and any considerations related to storing the medication.)

The guardian/trustee/contact person will be contacted in the following situations:

I have provided all the necessary information and consent to the sharing of health information with those responsible for organizing the camp or trip activities.

____ / _____

date

Signature and name clarification of the guardian/trustee/adult participant

Guardian's/trustee's/contact person's information during the activity:
