

*Old Orchard Beach Recreation Department*

**Permission To Administer Medication in Recreation Programs**

\*\*Medication sent to the recreation program with the student should not exceed the dosage for one day.

\*\*Parent/guardian may personally provide camp with up to one week's dosage.

\*\*Medication must be in clearly labeled container with the student's name, prescribed dosage and name of medication indicated.

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Medication: \_\_\_\_\_  
\_\_\_\_\_

Are there any side effects that camp staff should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dosage: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_

**Informed Consent of Parent/Guardian**

I hereby request that Old Orchard Beach Recreation Department personnel administer the above medication to my child. I am aware that this medication may be administered by non-medical recreation personnel.

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_