

Kennebunkport Parks & Recreation

PERMISSION TO ADMINISTER MEDICATION* IN RECREATION PROGRAMS

*Medication sent to camp with the recreation program participant should not exceed the dosage for one camp day. Larger amounts for up to one week may be brought to camp by the parent and delivered directly to camp staff for storage. Medication must be in clearly labeled container with the participant's name, prescribed dosage, and name of medication indicated. Liquid medications must be pre-measured at home.

Child's Name: _____ DOB: _____

Address: _____ Phone #: _____

Name of Medication: _____ Reason: _____

Dr's Name: _____ Phone #: _____

INFORMED CONSENT OF PARENT/GUARDIAN

I hereby request that Kennebunkport Parks & Recreation Department personnel administer the above medication to my child. I am aware that this medication may be administered by non-medical recreation personnel. The above named child is in need of the above named medication/drug during recreation activity hours to maintain his/her physical health. In my opinion, his/her need for the medication/drug is so important that I request non-medical personnel dispense this medication/drug in accordance with the following instructions:

Dosage: _____ Time(s) to be given: _____

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

Child may self-administer in accordance with the instructions above. Y/N?

Parent/Guardian signature: _____ Date: _____

Other info: