

South Portland Parks & Recreation
Permission to Administer Medication Form

**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 South Portland 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: _____