

Sanford Parks & Recreation
919 Main Street
Sanford, ME 04073

Medication Administration Form

This form gives Sanford Recreation Department personnel permission to administer the below medication to my child. Medications must be in a clearly labeled container with the camper's name, prescribed dosage, and name of medication indicated. Parent or guardian may personally provide up to one week's dosage to the child's director.

Child's Name _____

Phone Number _____

- Name of Medication _____

Reason for Medication _____

Dosage upon Administration _____

Time of Administration _____

Any Side Effects that our Staff should be Aware of? _____

- Name of Medication _____

Reason for Medication _____

Dosage upon Administration _____

Time of Administration _____

Any Side Effects that our Staff should be Aware of? _____

INFORMED CONSENT OF PARENT/GUARDIAN

I hereby request that Sanford Recreation Department personnel administer the above medication(s) to my child. I am aware that this medication may be administered by non-medical recreation personnel.

Signature of parent/guardian _____

Date _____