



PARENT/GUARDIAN'S REQUEST TO ADMINISTER MEDICATION

Parent/Guardian's Name: _____

Participant's Name: _____

Name of Medication: _____

Dose: _____ Time: _____

Physician's Name: _____

Reason for Medication: _____

Possible Side Effects: _____

In the event of possible side effects, please take the following action: _____

Child may self-administer in accordance with the instructions above: Yes No

Only medication in its original packaging will be administered. Medication in only a plastic baggie will not be accepted.

I am aware that the Windham Parks and Recreation Department does not have trained medical staff available. However, the above-named participant is in need of the above-named medication/drug during the time frame of a recreation program in order to maintain his/her physical health. In my opinion, his/her need for the medication/drug is so important that I request that non-medical personnel dispense this medication/drug in accordance with the following instructions:

Parent/Guardian's Signature

Date