



**PHYSICIAN'S REQUEST TO ADMINISTER MEDICATION**

Participant's Name: \_\_\_\_\_

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

Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

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

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_

Only medication in its original packaging will be administered. Medication brought to camp 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 camper 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature