



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