



To email this form, download and save it to your desktop and then open the saved form. Fill out the form completely and email it to us at nbillingslea@standish.org. You can also print it out and either fax or mail to us: Town of Standish Parks & Recreation Department, 175 Northeast Rd., Standish, ME 04084. Phone: 207-642-2875 Fax: 207-642-5181

Physician's Request to Administer Medication

This form is being used to assist us in providing the best possible experience for your child while attending one of our child care programs. Please take the time to complete the form and return it to us before the start of the program.

Participant's Name: _____

Name of Medication: _____

Dose: _____ Time: _____

Physician's Name: _____

Reason for Medication: _____

Possible Side Effects: _____

Only medication in the designated pill envelopes that we provide will be administered. Medication brought to camp in only a plastic baggie will not be accepted. Please send in only amount needed for daily use.

I am aware that the Standish 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:

Physician's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____