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## Physician's Request to Administer Medication

This form is being used to assist us in providing the best possible experience for your child while in the After-School Program. 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 its original packaging will be administered. Medication brought to camp in only a plastic baggie will not be accepted.

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: \_\_\_\_\_