Medication Administration Information for Town of Southern Pines Recreation and Parks Department

I give Town of Southern Pines my permission to give medications as listed below to my child, _____ according to the instructions on the label.

Time last administered by parent: _____

Time first dosage should be administered by camp: _____

Name of physician who prescribed medicine: _____ Phone _____

Date	**Print Name or Parent of Guardian**	**Signature of Parent or Guardian**
_____	_____	_____

ALLERGIES: _____

Special Dietary or Other Needs: _____

EXAMPLE:				**Name of Medication**	**1.**				**2.**				**3.**				**4.**			
Benicar																				
1 tablet ,				**What Dosage**																
25 mg																				
12 pm	**2 pm**			**Time(s) to give**																

MEDICATION MUST BE IN ITS ORIGINAL CONTAINER WITH CHILD'S NAME CLEARLY WRITTEN ON IT

Date	Medication Given	Times Given	Staff Initials		Date	Medication Given	Times Given	Staff Initials		Date	Medication Given	Times Given	Staff Initials	