



Sandwich Recreation Department
Super Fun Summer Program

Written Consent
 For Medications Administration

PLEASE PRINT

Child's Name: _____ D.O.B: _____ Gender: _____
 Parent's/Guardian's Name: _____
 Home Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

My child is currently taking the following medication/s (to be completed if not in violation of confidentiality):
Please list all medications the child is currently taking, including those given during the program hours:

1. _____ 2. _____ 3. _____

Consent:

1. I give permission to have the Program nurse or appropriately trained Program personnel designated to be the Program nurse to give the following medication/s (name of medication, dosage, and time to be administered):

Prescribed by: _____ To: _____
 Licensed Prescriber Participant's Name

- 2. All medications to be administered during program hours must be provided in its original prescription bottle.
- 3. All medications shall be stored under the Program nurse or appropriately trained Program director's supervision.
- 4. Appropriately trained program personnel are to assume the responsibility for administering medications requiring injections *only in life threatening conditions*.
- 5. The Program nurse and the director require a record to be maintained in the individual's student health file for all medications dispensed.

 Signature of Parent/Guardian

 Date

Sign & Date on the above line as consent to this release. For electronic form submission, typing your FULL NAME represents your electronic signature.