Deep River Parks and Recreation

PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF NON-PRESCRIPTION MEDICATION AS DESCRIBED BELOW

This authorization is limited to the following topical medications:

1. Non-prescription medicated powders.
2. Non-prescription insect repellents
3. Non-prescription sunscreen protectants* that are free of amino benzoic acid (PABA)

Name of Child:_____ Date of Birth:_____

Address _____Town:_____ State:_____

Medication: _____

Dose/Amount: _____

Route/area of application: _____

Time/Symptoms to give medication: _____

_____

Medication shall be administered from _____to _____
(date) (date)

Reason for which medication is being administered: _____

_____

_____

I hereby request that the above directions are followed in administering the non-prescription topical medication to my child, _____,by a staff member of the Deep River Parks & Recreation summer youth camp. I understand that I must supply the camp with the non-prescription topical medication in the original container, labeled with the child's name, the name of the medication and the directions for the medication administration. I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian:_____Date:_____
(type or print)

Signature:_____Relationship to Child:_____

Address:_____Daytime phone: _____

For Staff to Complete:

Parent Authorization Form & Medication received by: _____Date:_____
(Printed Name/Signature of Staff)

Day/Time	Medication to be Administered	Dose/Amt	Route/Area of Application