



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 taking, including those given during the program hours:*

1. _____ 2. _____ 3. _____

Consent:

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):

Name of Medication	Dosage	Time to Administer
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Please note: All medication dispensed to a minor by a Registered Nurse, regardless of prescription or over the counter, will require a physician's order in addition to parent permission.

- All medications to be administered during program hours must be provided in its original prescription bottle.
- All medications shall be stored under the Program nurse or appropriately trained Program director's supervision.
- Appropriately trained program personnel are to assume the responsibility for administering medications requiring injections *only in life threatening conditions.*
- 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



AUTHORIZATION FOR GENERAL CARE AND FIRST AID

I, _____ *authorize the Super Fun Program Nurse to administer the following non-prescription medications to my child,* _____ *when necessary:*

- Sunscreen (spray formula)
- Children's Acetaminophen (Tylenol)
- Chewable antacid- tums
- hydrocortisone
- Other: _____

- Bug Spray
- Children's Ibuprofen (Motrin)
- Caladryl
- triple antibiotic ointment

Signature of Parent/Guardian

Date

- Sunscreen and bug spray must be provided by the parent and be labeled with the child's name and cabin.
- All medication dispensed to a minor by a Registered Nurse, regardless of prescription or over the counter, will require a physician's order in addition to parent permission- this may be included with the required copy of a recent physical.