



Parks, Recreation and Culture

Authorization for Dispensing Medication

(Prescription and Non-Prescription)

Prescription medication will only be accepted from an adult. Single dose packs from a pharmacy, or an original, non-expired medication bottle with a label on it are preferred. Please do not leave medication in plastic bags.

1) MEDICATION _____

Name of Child: _____

Medication: _____

Reason for Medication: _____

Dosage: _____ Time to be Administered: _____ Stop Date: _____

I allow the above medication(s) to be given to my child by the Parks, Recreation and Culture Department Staff

Parent/Legal Signature: _____ Date: _____

2) MEDICATION _____

Name of Child: _____

Medication: _____

Reason for Medication: _____

Dosage: _____ Time to be Administered: _____ Stop Date: _____

I allow the above medication(s) to be given to my child by the Parks, Recreation and Culture Department Staff

Parent/Legal Signature: _____ Date: _____

3) MEDICATION _____

Name of Child: _____

Medication: _____

Reason for Medication: _____

Dosage: _____ Time to be Administered: _____ Stop Date: _____

I allow the above medication(s) to be given to my child by the Parks, Recreation and Culture Department Staff

Parent/Legal Signature: _____ Date: _____