

Groton Parks and Recreation
AUTHORIZATION FOR THE DISPENSATION OF MEDICATION
(for allergies requiring an Epi Pen, a written Treatment Form from your Physician/allergist is required)

PAGE 1 TO BE COMPLETED BY CHILD'S PHYSICIAN

If a child is on medication which needs to be dispensed during attendance at a Groton Parks and Recreation program, or requires medication in the event of an emergency (i.e., food allergy, asthma, etc.) the child's physician MUST complete this section.

Child's Name _____

Medical Condition: _____

Medication: _____

Dosage/Method/Schedule: _____ Time of Dispensation _____

Special Instructions: _____

Special Effects/Toxic Effects: _____

Plan of Management for Side Effects: _____

Only those medications prescribed and listed by the physician will be accepted. Medications must be in the original pharmaceutical container and labeled with the child's name, name of medication, dosage, schedule, prescription number, date filled, expiration date, and prescribing physician's name.

Date of Order: _____

Duration of Order: _____

(If duration is less than current Parks and Recreation program,
Renewal of order may be necessary)

Signature of Physician (Prescriber)

Date

Printed name of Physician (Prescriber)

Phone Number of Physician (Prescriber)

Address, City, State & Zip of Physician (Prescriber)

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Site Attending: _____

Page 2 TO BE COMPLETED BY CHILD'S PARENT/GUARDIAN

Child's Name _____

Known Food or Drug Allergies:

Allergic to: _____ Symptoms _____

Medication/Treatment _____

Allergic to: _____ Symptoms _____

Medication/Treatment _____

Allergic to: _____ Symptoms _____

Medication/Treatment _____

I understand and request the following:

- Groton Parks and Recreation staff members are instructed to take any medication, noted on the reverse side of this form, from the parent/guardian (pre-measured dosage of the prescribed medications, in the original container, and properly labeled by a physician/prescriber or pharmacist) upon arrival at the Parks and Recreation program and to secure it in a safe location.
- At a prescribed time, a staff member will retrieve the medication and hand it to my child in the container. The staff member will then watch my child take the medication and will keep a record of my child's name, name of the medication and time medication was administered. (**Administer, or self-administer** – is what the camper does)
- With the exception of staff which may be medically trained pursuant to the Town's Policy on Diabetes Management, the staff who will dispense medication are NOT medically trained. (**Dispense** – to hand a container of medication to a program participant. This is what our staff does.)
- The medication will be destroyed if not picked up within **one week** following the termination of the order or **one week** beyond the end of the program the child is attending.

I understand that the Staff who will dispense this medication are **NOT** medically trained, with the exception of staff which may be medically trained pursuant to the Town's Policy on Diabetes Management. I hereby state, without reservation, that I will not hold the Groton Parks and Recreation, or any of its employees and/or volunteers, liable for any harm or injury which may be incurred by my child in connection with the assistance provided in connection with this authorized dispensation of medication for my child, or for damage and/or loss of medical equipment or medication.

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

Phone Number of Parent/Guardian

Address, City, State & Zip of Parent/Guardian

Name of Camp Personnel Receiving Written Authorization and Medication _____

Title/Position _____

Signature (in ink) _____