

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES BY
EASTON PARK AND RECREATION PERSONNEL**

The Connecticut State Law and Regulations require a physician's or dentist's written order and parent or guardian's authorization for a Park & Recreation Department to administer medications. Medications must be in the original, pharmacy prepared containers and labeled with the name of child, name of drug, strength, dosage, frequency, physician's or dentist's name, and date of original prescription.

Name of Child _____ Date _____

Address _____ Date of Birth _____

Conditions for which the drug is being administered during the hours of Park & Rec activity _____

Drug (Name, dose & method of administration) _____

Time of Administration _____

Medication shall be administered from _____ to _____
date date

Relevant Side Effects if any _____

Is this a controlled drug? _____ If yes, DEA # _____

Physician's/Dentist's Name & Telephone # _____

Address _____

Physician's or Dentist's Signature _____

Park & Rec Employee Signature _____

To Easton Parks & Recreation Personnel:

I hereby request that the above medication, ordered by the physician/dentist for my child,

_____ be administered by Park & Rec personnel. I

understand that I must supply Park & Rec with the prescribed medication in the original container

dispensed and supply of said medication. I understand that this medication will be destroyed if

it is not picked up within one week following termination of the order or one week beyond

the close of school for the summer.

Name (Print) _____

Signature _____

Relationship to child _____

Address _____

Telephone _____