



Prescription Medication Permission Form

(Authorization to Administer/Dispense Prescription Medications by the Fort Wayne Parks and Recreation Day Camp Personnel)

Prescription Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, authorized prescriber's name and date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name (See separate form).

(This Section MUST be SIGNED by a legally authorized prescriber (e.g. Physician or Dentist))

AUTHORIZED PRESCRIBER'S ORDER: Date ____/____/____

Name of Child

Date of Birth ____/____/____

Street Address _____

City/Town _____ State _____

Condition for which drug is being administered during camp hours

DRUG: Name of Drug, Dose and Method of Administration

Times of Administration: _____, _____, _____ Medication shall be administered from
____/____/____ - ____/____/____

Relevant side effects to be observed, (if any):



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PARKS AND
RECREATION

Play well... Live well

If there are side effects to medication(s), what is the plan for management?

Is this a controlled drug?

Allergies: Reaction to, or negative interaction with food or drugs? If YES, list:

The legally authorized Prescriber's Name

(Print Name Clearly)

Phone # (_____) _____

Street Address _____

City/Town _____ State _____ Zip _____

Authorized Prescriber:

Signature _____

(Parent or Guardian, please complete Parent/Guardian Authorization as well)



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Parent/Guardian Authorization for Prescribed Medications

Authorization by Parent/Guardian for the administration of the above medication:

Date: ____/____/____

(Parent or Guardian's Signature Required)

I hereby agree that the above medication, ordered by the legally authorized prescriber: (M.D., P.A., APRN) for my child _____, may be dispensed by camp personnel.

I understand that I must supply the Fort Wayne Parks and Recreation Department with the prescribed medication in the original container, dispensed and properly labeled by a legally authorized prescriber. Over the counter medication shall be in the original container, labeled by the parent/guardian with the child's name (use separate Nonprescription Medication Permission form). If dispensed by the Fort Wayne Parks and Recreation Day Camp Staff personnel, I understand that the person giving the medication may not be medically trained. I agree to inform the Fort Wayne Parks and Recreation Supervisor(s) immediately of any changes relating to the medication or other medical information, including changes in when or if the medication is taken or any reaction to the medication. I agree that when the medication(s) is/are discontinued, or upon completion of the camp, I will pick up all unused medication. Unclaimed medications may be discarded or destroyed.

Name of Parent or Guardian _____
(Print Name Clearly)

Signature _____

Relationship to child _____

Address _____

City/Town _____ State _____

Zip Code _____ Phone (____) _____

(Authorization to Dispense Nonprescription Medications is a Separate Form – See Attached)