FORT WAYNE PARKS AND RECREATION DEPARTMENT 705 EAST STATE BOULEVARD, FORT WAYNE, INDIANA, 46805

TELEPHONE: 260-427-6000

FAX: 260-427-6020 www.fortwayneparks.org

PRESCRIPTION MEDICATION PERMISSION FORM

MEDICATION MUST BE BROUGHT IN THE ORIGINAL CONTAINER

PLEASE PRINT	
CHILD'S NAME:	<u>DOB</u> :
MEDICATION:	
REASON FOR MEDICATION:	
FORM OF MEDICATION:TABLET/CAPSULE OTHER	
INSTRUCTION:	
START DATE:	STOP DATE:
FOR EPISODIC/EMERGENCY EVENTS ONLY	
PHYSICIAN'S NAME:	TELEPHONE:
and Recreation Department's Day Camp. I understand medically trained. I agree to inform the Fort Wayne immediately of any changes relating to the medication when and if the medication is taken or any reaction to	
PARENT/GUARDIAN SIGNATURE:	
<u>DATE</u> :	

FPDC 2024