

Program: \_\_\_\_\_ Site: \_\_\_\_\_

Dear Parents/Guardians,

For our staff to meet the needs of your child with daily medication and in case of an emergency we are asking that you fill out the bottom portion of this form. Each parent/guardian must sign this medical surgical permission slip below. This record will be kept at each program site in case of an emergency. We will make every effort to communicate with parents or guardians in case of an emergency.

**We are LATEX FREE program.**

**MEDICAL PERMISSION SLIP**

I HEREBY GRANT PERMISSION TO THE ATTENDING PHYSICIAN AND HIS STAFF IN CHARGE OF:

**Name:** \_\_\_\_\_ for anesthesia, medical, x-ray, and surgical procedures, as may be deemed necessary or advisable. I understand that in an emergency, wherever possible, an attempt will be made to communicate with me prior to the use of this permission.

**INSURANCE:** \_\_\_\_\_ **NUMBER:** \_\_\_\_\_

**DOCTOR:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Parent/Guardian*

**MEDICATION ADMINISTRATION FORM**

Each medication must be listed with complete instructions or the medication(s) cannot be administered.

**CHILD'S NAME:** \_\_\_\_\_

I hereby give permission for the staff of the Leominster Recreation Department to administer my child the following medication(s).

1. _____ (medication)	2. _____ (medication)
_____	_____
(dosage/how much)	(dosage/how much)
_____	_____
(frequency/how often)	(frequency/how often)
_____	_____
(diagnosis/symptoms, what is it being administered for?)	(diagnosis/symptoms, what is it being administered for?)

Your child will not be allowed to keep any medication in his/her lunchbox or bag. Prescribed medications must be accompanied by a pharmacy label containing the Rx number, the name of the medication, the dosage, and directions for administration, and the child's name. Whenever it is possible, a copy of the doctor's prescription letter should be sent to clarify any discrepancies. All non-prescription medication must be in their original containers, clearly, labeled with the child's name, name of the medication and direction for its use.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_