



Limington Parks & Recreation Department
Medical Authorization Form



Participant's Name: _____

Name of Medication: _____

Dose: _____

How is the medication taken: _____

Dosage Time: _____

Physician's Name: _____

Reason for Medication: _____

Possible Side Effects: _____

Only medication in its original packaging will be administered. Medication brought to camp in only a plastic baggie will not be accepted.

I am aware that Limington Recreation/Camp Moy-Mo-Da-Yo does not have trained medical staff available. However, the above-named camper is in need of the above-named medication/drug during the time frame of a recreation program in order to maintain his/her physical health. In my opinion, his/her need for the medication/drug is so important that I request that nonmedical personnel dispense this medication/drug in accordance with the following instructions:

Child may self - administer in accordance with the instructions above: Yes/No? _____

In the event of possible side effects, please take the following action:

Date _____

Doctor's Signature _____ Phone Number _____

Date _____

Parent/Guardian's Signature _____