

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES
BY REDDING 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 and Recreation Department employee, or nurse employed by the Park and Recreation Department to administer medications.

Medications must be in the original, pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, physician's or dentist's name, and date of original prescription

PHYSICIAN'S OR DENTIST'S ORDER

Name of Child _____ Date _____

Address _____ Date of birth _____

Conditions for which drug is being administered during hours of Park and Rec. activity _____

DRUG: (Name, dose and method of administration) _____

Time of Administration _____

Medication shall be administered from _____ to _____
date date

Relevant side effects to be observed, if any _____

If there are any side effects, plan for management _____

Is this a controlled drug? _____ if yes, DEA number _____

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

Address _____

Physician's or Dentist's Signature _____

Park & Rec. Employee _____

To Redding Park & Rec. 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 _____