

Authorization for Medication Administration by Bend Park and Recreation District Personnel

Medication must be in the original bottle with label to be administered at program

Child's name:			DOE	DB: Age:						
Program:										
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I am giving Bend Park and Recreation District personnel permission to										
administer medications to my child per the following:										
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Medic	ation:									
Is this medication over the counter?				Rx #:						
Dose (how much): Frequency (how often):										
Application (circle one) Moutl										
Time:_										
Duration: Start date: End date:										
Reaso	n for medica	ntion:								
Special Instructions:										
Date	Time	Medication	Dosage	Staff initials	Reaction	n/errors				
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