Lewiston Recreation Department
Medical Authorization Form

65 Central Avenue, Lewiston, ME 04240 Phone: 207-513-3005 Fax: 207-786-0783

Medication must be in a clearly labeled container with the child's name, prescribed dosage, and name of medication indicated.

Child's Name: _____ Today's Date: _____

Child's Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Prescribing Doctor: _____ Phone: _____

Name of Medication: _____

Dosage Amount: _____ Time Given: _____How is it Taken: _____

Reason for Medication: _____

Are there any side effects that we should be aware of? Yes: ____ No: ____

If yes, please describe:

_____

_____

Please share any other information that might be helpful to the person administering the medication:

_____

_____

I hereby request that Lewiston Recreation personnel administer the above-mentioned medication to my child. I will notify the Lewiston Recreation Department when/if there are any changes in dosage, times, or any other information regarding the above-stated medication and my child. I am aware that Lewiston Recreation does not have a trained medical professional on staff, and I authorize a non-medical Recreation staff person to help my child administer the prescribed medication.

Parent/Guardian Signature: _____ Date: _____

Prescribing Doctor: _____ Date: _____