Dunedin Parks & Recreation

Medication Record

Child's Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Mother's Name _____

Work # _____ Cell # _____ Home # _____

Father's Name _____

Work # _____ Cell # _____ Home # _____

I hereby authorize the Dunedin Parks & Recreation Division to administer to my child,

_____, the following medicine:

Medicine**_____ at (time) _____

in the amount of _____ during (date) _____

to be administered (how?...orally, topically, in or on what?) _____

_____

Parent's Signature _____ Date _____

NOTE: MEDICINE MUST BE IN ORIGINAL CONTAINER WITH CURRENT DATES, MARKED WITH NAME OF PATIENT, MEDICINE AND DOSAGE.

LOG OF MEDICINE ADMINISTERED (FOR CENTER USE ONLY)

Date	Time	By	Date	Time	By	Date	Time	By