



Print out this form, fill it out completely and drop it off at the Rec Center or mail or fax it to us:  
Houlton Parks and Recreation Department, 128 Maine St, Houlton, ME 04730. Phone: 207-532-1310 Fax: 207-532-1311

### Parental's Request to Administer Medication

This form is being used to assist us in providing the best possible experiences for your child while in our programs. Please take the time to complete the form and return it to us before the start of the program.

Participant's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

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

I am aware that the Houlton Parks and Recreation Department does not have trained medical staff available. However, the above-named participant 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.

I understand that the Houlton Parks and Recreation Department, it's employees, or the Town of Houlton cannot be held responsible for any injuries due to the distribution of the above-named Medications.

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

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

**Your signature on this form gives us permission to share this information with those who will be working with your child.**

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_