

**Cape Elizabeth Community Services
Request/Permission to Administer Medication**

For Parent/Guardian:

Date: _____

Camper Name: _____ Grade: _____

Medication: _____

Pharmacy: _____

Prescribing Health Care Provider: _____

Phone Number: _____

- Yes** Please administer this medication to my child during camp.
 No

At the end of the school year, last day of student's enrollment, or date medication expires, I choose the following method of medication disposal:

_____ Parent will remove medication from Camp.

_____ Camp nurse may dispose of the medication.

I give permission for this medication to be administered by the CECS camp nurse / trained unlicensed assistive personnel designated by the principal as allowed by law. I further give permission for the CECS staff to contact the prescribing health care provider to share information related to this medication, the medication administration schedule, and/or effects of this medication on my child's learning.

Parent/Guardian Signature

_____/_____
Telephone Home / Cell

Medication Information

Camper Name: _____

Medication/Dosage: _____

Time(s) to be Administered: _____

Reason for Medication: _____

Possible Side Effects & Safety Procedures: _____

Parent/guardian's signature is required for any prescription or over the counter medication. A prescription medication label may be used in lieu of a written order if the medication is to be given for 14 consecutive days or less. The camp nurse will obtain the health care provider signature as needed. I give permission for this medication to be administered by the camp nurse or trained unlicensed assistive personnel designated by the principal as allowed by law.

Parent Name: _____

Parent Signature: _____

Date: _____ Telephone: _____ Fax: _____

Cape Elizabeth Community Services
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207-799-2868