Lincoln Parks and Recreation

Medication Consent Form

Name_____

Medication Name	Purpose	Dosage	Time

Special Instructions_____

_____

_____

I give permission for these medications to be given by _____Recreation Center staff at _____ . (name of Center)
(name of program).

Additionally, I will **notify** you **of** any **medication changes** as they occur.

In case of emergency, I can be reached at: Home # _____ Work #: _____

Signature: _____ Date: _____ Relationship to person named above:_____

Below this line for staff use only

Day	Date	Time Given	Staff Init

Day	Date	Time Given	Staff Init

* * * * * * * * * * * * * *

Names of Parks & Recreation Staff Administering Meds:

Name (please print)/Initials

_____

_____

_____

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_____

_____

Day	Date	Time Given	Staff Init

Day	Date	Time Given	Staff Init