

**Bath Parks & Recreation Department  
Summer Camp Program**

Permission to administer medication at the  
Bath summer recreation program

Child's Name \_\_\_\_\_

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

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

Dosage (Amount) \_\_\_\_\_ Time to be given \_\_\_\_\_

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

Doctor \_\_\_\_\_

We must receive this medication in the prescription bottle

Date to start \_\_\_\_\_ Date to finish \_\_\_\_\_

I request and give permission for Bath Recreation Department  
personnel to administer the above medication to the above named  
camper.

Parent or Legal Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Staff

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_