All Physician Prescribed Medication Including Emergency/Life Saving Medication

Lee County Parks & Recreation
"Physician Prescribed"
Medication Dispersal Release

This form is to be completed whenever a child is to receive any routine and/or emergency life saving **physician prescribed medication** during a Lee County Parks & Recreation Program.

Authorizing Physician(s): please complete this form whenever a child is to receive a "prescribed medication" on a routine or emergency/life saving basis. Examples: Prescription eye/ear drops, inhalers, Epinephrine Auto-Injector (Epi-pen, AUVI-Q, etc.).

Parent/guardian: please sign the form to indicate your permission for Lee County Parks & Recreation (LCPR) staff to follow the physician's instructions. Please return the completed form to LCPR staff.
This form is valid for two months. If medication is to continue beyond that time, the authorizing physician and the parent/guardian will need to complete additional forms.

Child's Name:_____ Date of Birth:_____

Physician Name: _____ Physician Phone: _____

Medication(s): _____

Dosage: (check one) ☐per prescription label or ☐ Doctor's written instruction

Possible Side Effects: _____

Route of Medication(s) (ex.: oral, eye, ear): _____

Medication Dosage time: **First Dosage Time**:_____ **Second Dosage Time**:_____

When to call parent physician regarding symptoms or failure to respond to treatment: _____
_____
All know allergies/reactions: _____
Special Restrictions/Instructions: _____

I hereby give permission for LCPR staff to administer this medication to my child, _____ (name), according to physician orders/prescription label. I have trained staff on how to administer this medication. _____ (check here) My child is permitted to carry and self disperse life-saving medication such as asthma inhalers and Epi-pen (self injectable epinephrine). I understand 911 will be called in emergency/life saving situations.

_____ _____ _____
Parent/Guardian Signature Date Contact Phone #

_____
Print Name

- All prescription medications should be given to the Parks and Recreation staff in the **original prescribed container** with the participant's name, name of physician, directions for dispersal on the label, and the expiration date clearly visible.
- Send only ONE day's supply of oral medication. All medication is disbursed through the Department of Children and Families (DCF) guidelines.
- Staff will only disperse the dosage listed on the label.