

## PARKS & RECREATION SERVICES

### Township of West Lincoln Recreation Programs Medication Form

Name of Camper: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Name of Medication(s)	Dosages	Time(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Notes/Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby give my permission for the employees of the Township of West Lincoln Recreation Services Summer Camp, to administer the above medication to my child at the times specified.

\_\_\_\_\_  
 Signature of Parent/Guardian                      Date

\_\_\_\_\_  
 Program Supervisor                                      Date

For Township Staff Use						
	Name of Medication:	Monday	Tuesday	Wednesday	Thursday	Friday
Time & Date administered & employee initial						
Time & Date administered & employee initial						
Time & Date administered & employee initial						
Time & Date administered & employee initial						