



Town of East Greenwich

Parks & Recreation Department
PO Box 111
1127 Frenchtown Road
East Greenwich, RI 02818

Medication Administration/Release Form

I, as parent and/or legal guardian of a minor child, make this agreement, individually and on behalf of the below named minor child to allow the camp staff to administer the below named prescription medication. Said medication must be in the original prescription bottle with child's name, dosage and prescribing doctor clearly stated. Only one day's dose may be in the prescription bottle at any given time. Medication will be given only at 11:30am.

I understand that use of Bronchial Inhalers, and Epi-pens are the sole responsibility of the minor child. Any staff person that assists said child will be held harmless. Epi-pens and Inhalers must be kept in a fanny pack, and worn by the below mentioned child.

I hereby release the camp staff and The Town of East Greenwich for any losses, cost, or risk involved in the administering of below named medication.

Print Child's name as indicated on prescription

Medication Name

Dosage-be specific

Physician's Name

Physician's Phone

Printed Parent's/Guardian's Name

Signature of Parent/Guardian

Date