

**TOWN OF GRANBY DEPARTMENT OF PARKS AND RECREATION
AUTHORIZATION TO MAINTAIN MEDICATION**

I, _____, hereby give the Granby Department authorization to maintain the below described medication at a Granby Recreation Dept. facility for use by my child, _____, in case of emergency. I understand that, by agreeing to maintain the medication at a Granby Recreation site, the Town of Granby, its agents, employees and/or officials, do not assume any responsibility or liability for the maintenance and/or dispensing of such medication. Medications must be in pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, physician's or dentist/s name, and date of original prescription. Prescribed over-the-counter drugs must be in their original container. Medications are to be delivered to the counselor by a parent or guardian.

PHYSICIAN ORDER

Name of Child: _____ Date: _____

Address: _____ Date of Birth: _____

DRUG: Name, dose and method of administration _____

Time of administration _____

Condition for which drug is being administered _____

Does the child know how to take the medication? Yes ___ No ___.

Relevant side effects to be observed, if any _____

If there are side effects, plan for management _____

Is this a controlled drug? ___ If yes, DEA number _____

Physician's Name _____ Telephone _____

Address _____

Physician Signature _____ Date: _____

**AUTHORIZATION BY PARENT/GUARDIAN FOR MAINTENANCE OF THE ABOVE
MEDICATION BY THE GRANBY PARKS AND RECREATION DEPARTMENT PERSONNEL:**

Date: _____

To Parks and Recreation Personnel:

I hereby request that the above medication, ordered by the physician for my child, _____ be maintained in a safe place at the playground. I understand that I must supply the Parks Personnel with the prescribed medication in the original container properly labeled by the pharmacy.

I understand that any remaining medication will be destroyed if it is not picked up within one week following the child's last day at camp. I understand that, by agreeing to maintain the medication, the Granby Parks and Recreation Department, the Town of Granby, its agents, employees, and/or officials do not assume any responsibility or liability for the maintenance and/or dispensing of such medication. I further understand that the Granby Recreation Department does not provide any refrigerated storage facilities for the storage of medication.

Name: _____ Relationship to Child _____

Signature: _____ Telephone # _____