

Saco Parks & Recreation Medicinal Information & Waiver

Child's Name: _____

Program: _____

Name of Medicine: _____

Prescribing Doctor: _____

Doctor's Phone Number: _____

Waiver Terms*: From _____ to _____
(Date) (Date)

* Terms are determined by prescription date and number of refills.

(A) Self Medication: Must Provide the Following

- 1) Copy of Prescription from Physician _____
(Attached to this form)
- 2) Note with Physician's Signature Stating the Child
has received the proper training in self medicating _____
(Attached to this form)
- 3) Parent Signature Below _____

I, _____ state that _____ will carry, be
(parent/guardian name) (child's name)
responsible for and self administer his or her own medications as is necessary. If at anytime such
medications are found to not be handled, stored, taken properly or changed without notifying the
Saco Parks & Recreation Office may result in dismissal from Saco Parks & Recreation Programs.

Parent/Guardian Signature: _____ Date: _____

(B) Medication Administered by Qualified Parent or Guardian: Must Provide the Following

- 1) Copy of Prescription from Physician _____
(Attached to this form)
- 2) Note with Physician's Signature Stating the Parent/Guardian
has received the proper training in medicating _____
(Attached to this form)
- 3) Parent Signature Below _____

I, _____ state that _____ will receive
(print parent/guardian name) (child's name)
his or her own medications as prescribed by me. If at anytime such medications are not given
outlined by the prescription or changes are not reported to the Saco Parks & Recreation Office may
result in dismissal from Saco Parks & Recreation Programs.

Parent/Guardian Signature: _____ Date: _____

Saco Parks and Recreation Medical Policy

Participants with medical conditions requiring routine and/ or emergency administrations of prescription medications will be allowed to participate in all Saco Parks and Recreation Department programs provided the following conditions are met.

Saco Parks and Recreation Staff and volunteers are not to administer medications to program participants. All medications must be self administered or administered by parent/guardian if the participant is a minor. Requirements for Self Medication - "A participant may have an epi-pen, asthma inhaler or other medical device for their medical conditions on their person, provided the following conditions are met. The child's physician provide a copy of the prescription to Saco Parks and Recreation Department for the medication that is being carried by the participant, sign off that the child has had the appropriate training for the medication, and that they can carry and self administer his own epi-pen medication, inhaler or other medication. The parent signs off that the child will carry, be responsible for and self administer his or her own medications as is necessary."

If the participant is to young to self-administer his or her medications, a parent or guardian who is qualified to administer the medications must be present at all times.

I, _____ have read and agree to abide by the Saco Parks & Recreation
Parent/Guardian Name

Departments Medical Policy. All information provided is current and I will report any change in dosage, drug name, and frequency of use issued by my physician. Failure to do so may result in removal from this and other Saco Parks & Recreation Programs.

(Signature)

(Date)

Saco Parks & Recreation Use

Date Received: _____

(Saco Parks & Recreation Director)

(Date)

Copy To:

_____ Program Director _____ Program Leader _____ Program Notebook