



**TOWN OF MONROE**  
PARKS & RECREATION DEPARTMENT  
7 Fan Hill Road  
Monroe, CT 06468  
Phone: 203-452-2806  
[www.monroerec.org](http://www.monroerec.org)



**Allergy and Medication Administration Authorization Form**

*\*Even if your child is not on any medication this form needs to be filled out in full to let us know if there are any or no allergies.*

*Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse)*  
One form per medication, please.

*\*If this does NOT pertain to your child please just fill out the Allergy section below (every child needs to fill out second part of form)*

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

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Medication Name \_\_\_\_\_

Controlled Drug? YES  NO

Dosage \_\_\_\_\_ Method \_\_\_\_\_ Time of Administration/Frequency \_\_\_\_\_

Specific Instructions for Medication Administration (e.g., on an empty stomach, with milk, with food, etc.)  
\_\_\_\_\_

Specify Precautions \_\_\_\_\_

Medication Administration: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Quantity Received \_\_\_\_\_

Expiration Date of Medication Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Special Storage Requirements \_\_\_\_\_

Relevant Side Effects/Adverse Reactions \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Prescriber's Name \_\_\_\_\_ Business telephone ( ) \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ (only if medication is prescribed)

Prescriber's Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Allergies

\*Even if your child has no allergies, this form needs to be completed.

Does your child have any known allergies? YES  NO

If "yes" to the above, please explain

Diagnosis (at parents discretion) \_\_\_\_\_

***Parent/Guardian Authorization:***

I hereby authorize that medication be administered to my child as described and directed above and in accordance with CT State Statutes and Regulations and MA 105 CMR 430.160

Name of Camp where medication administration will occur:

**Summer Fun Days Camp-Monroe Parks & Recreation**

Dates attending \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Name of Parent/Guardian Authorizing Administration of Medication

\_\_\_\_\_

Relationship to participant: Mother  Father  Guardian/Other

Address (if different from above) \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact Name and Telephone Number \_\_\_\_\_

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

