



TOWN OF MONROE
PARKS & RECREATION DEPARTMENT
7 Fan Hill Road
Monroe, CT 06468
Phone: 203-452-2806
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 parent's 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:

2024 Panthers Baseball Camp

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 _____

