



To email this form, download and save it to your desktop and then open the saved form.
Fill out the form completely and email it to childcare@standishme.gov. You can also print it out and fax or mail it:
Town of Standish Parks & Recreation Department, 175 Northeast Rd., Standish, ME 04084. Phone: 207-642-2875 Fax:
207-642-5181

Physician's Request to Administer Medication

This form is being used to assist us in providing the best possible experience for your child while in the After-School Program. Please take the time to complete the form and return it to us before the start of the program.

Participant's Name: _____

Name of Medication: _____

Dose: _____ Time: _____

Physician's Name: _____

Reason for Medication: _____

Possible Side Effects: _____

Only medication in its original packaging will be administered. Medication brought to camp in only a plastic baggie will not be accepted.

I am aware that the Standish Recreation Department does not have trained medical staff available. However, the above-named camper is in need of the above-named medication/drug during the time frame of a recreation program in order to maintain his/her physical health. In my opinion, his/her need for the medication/drug is so important that I request that non-medical personnel dispense this medication/drug in accordance with the following instructions:

Child may self-administer in accordance with the instructions above: Yes No

In the event of possible side effects, please take the following action:

Physician's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____