

# Kennebunk Parks & Recreation - Dispense Prescription and Non-Prescribed Medications Form

Name of participant: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of medication one:** \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Amount of Liquid or Count of Pills: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_ Route (mouth, injection, etc.): \_\_\_\_\_

Time(s) of administration: \_\_\_\_\_

**Name of medication two:** \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Amount of Liquid or Count of Pills: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_ Route (mouth, injection, etc.): \_\_\_\_\_

Time(s) of administration: \_\_\_\_\_

**Name of medication three:** \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Amount of Liquid or Count of Pills: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_ Route (mouth, injection, etc.): \_\_\_\_\_

Time(s) of administration: \_\_\_\_\_

Prescription and non-prescription medication shall come in the original container and shall be labeled. Medications will be locked away and give out at the time written on this form. Parents are requested to pick up any leftover medication within ONE WEEK after the trip. Medication left after this time will be discarded.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Additional Notes: \_\_\_\_\_  
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