

## Carmel Clay Parks & Recreation - Medication Administration Permission Log

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

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

Site: \_\_\_\_\_

Directions: Complete information below at the time of medication exchange from parent/guardian to CCPR site supervisor/asst site supervisor/head counselor					
date	medication + strength	amount of meds	time + dosage per administration	signature of person delivering med	signature of person receiving med

Parent/Guardian Permission for Carmel Clay Parks & Recreation Staff to Administer Medication: \_\_\_\_\_  
Print Name \_\_\_\_\_ Sign & Date \_\_\_\_\_

**STAFF USE ONLY**

Directions: Initial in corresponding date box with time of administration																															
Note: signature and title below for any staff member administering medication (site supervisor, asst site supervisor or head counselor only)																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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