

Town of Kennebunk

Parks and Recreation Department



MEDICAL INFORMATION FORM & WAIVER POLICY

Any child care program participant with a medical condition or allergy is required to fill out this form.

Please take the time to fill out this form thoroughly and accurately.

If registering & filling out this form for Summer Camp, this form must be submitted before June 1st

Participant name: _____

Age & Grade (for summer camp, grade entering in the fall): _____

Recreation Program: _____

Medical Condition: _____

Additional Information:

Is a prescription needed during program hours? ☐ Yes ☐ No

If yes, please fill out the following information regarding the prescription.

Prescription name and dosage: _____

Daily time that the prescription needs to be self administered: _____

By signing this form, you are acknowledging the following policies:

- I understand that while my child will be supervised by the Program Coordinator or Lead Staff, my child will be responsible for self administering their prescription. *(Excluding Epipens only, which would be administered by Recreation staff)*
- I understand that this is an important responsibility for my child, and by registering my child for a program and signing this form, I am acknowledging that they can handle this responsibility.
- I understand that I must send in only the daily dose needed for my child, and it is required to be sent in the designated prescription envelope, (envelopes will be provided on the first day of the child care program, see example below) and will put the pill envelope in the medication mail box during parent drop off.

PLEASE DO NOT SEND THE PRESCRIPTION IN WITH YOUR CHILD TO GIVE TO US, OR IN THEIR BACKPACK.

- I understand that a meeting with the Program Coordinator and/or Recreation Director may be a requirement regarding this information. The Recreation Director or Program Coordinator will need to approve the medication being taken during program hours. I understand that my child cannot participate in any program until the medication has been approved.

Parent Signature: _____

Date: _____

Program Coordinator or Recreation Director Signature:

Date of approval: _____

No.	_____	Date	06/26
For	John Doe Grade 2		
Directions	PRESCRIPTION NAME		
	NEEDS TO BE TAKEN AT 12 PM		

Dr.	_____		