



## **AUTHORIZATION TO GIVE MEDICATIONS TOWN OF VIENNA PARKS AND RECREATION**

The Town of Vienna Parks and Recreation Department requires that all prescription and non-prescription medication (including vitamins and aspirin) may be given to a child **ONLY** with the parent's written consent.

Child's Name: \_\_\_\_\_

The Town of Vienna Parks and Recreation Department staff has the permission to administer the following medicine:

Medicine Name and/or Prescription Number: \_\_\_\_\_

Dosage and Times Given: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This authorization is effective until: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Town of Vienna Parks and Recreation Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_