



# SEATAC PARKS, COMMUNITY PROGRAMS & SERVICES

## REC’N CREW

### MEDICATION POLICY

Administration of medication to a child while at our facility must be accompanied by a written medication instruction form from the pharmacist. All medication must be in the original container with the child’s full name, date of purchase, and correct dosage. Non-prescription drugs will only be administered for one day only without authorization of a physician in writing.

Child’s Name: \_\_\_\_\_ Parent’s Name: \_\_\_\_\_

By signing below I acknowledge that I have read, understand and agree to comply with the aforementioned policies. I also understand that each prescription will require an original form completed by physician.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

	Rx. Number	Name of Medication	Instructions	Time of day to be taken	By Staff
1					
2					
3					