



# *Town of Ashland, Massachusetts*

## *Recreation Department*

*162 West Union Street, 01721-1191*

*(508) 881-0140 x. 2*

*(508) 532-8092 (fax)*

I, \_\_\_\_\_, authorize the staff of the Ashland Recreation Dept.

to administer the following medications to my child, \_\_\_\_\_.

Dates \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time \_\_\_\_\_

Physician \_\_\_\_\_

Illness \_\_\_\_\_

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

\_\_\_\_\_  
Staff Member

Today's Date: \_\_\_\_\_

Date \_\_\_\_\_

Administered By: \_\_\_\_\_

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