

**City of Ann Arbor Department of Parks and Recreation**  
**Authorization for the Administration of Medicines by City of Ann Arbor Parks**  
**Department Personnel**

Camper's Name \_\_\_\_\_ Camp Session \_\_\_\_\_

Diagnosis \_\_\_\_\_

Name of Prescribing Physician \_\_\_\_\_

Name of Drug(s) \_\_\_\_\_ Dose \_\_\_\_\_

Time(s) of administration \_\_\_\_\_

Other information \_\_\_\_\_

I hereby request that my child be administered the above listed medication(s) by the City of Ann Arbor Parks Department staff. I understand that the medication will be administered as directed above and changes in administration will not be made without written authorization.

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

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_

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