



Medication Dispensing Form

Child's Name _____

I, _____, do hereby authorize
Allen County Parks & Recreation staff to administer:
_____ to my child.

Days medication should be taken at Allen County Parks:

Administering instructions:

Allen County Parks will keep children's ibuprofen on hand for children's headaches. No aspirin will be given. Would you like this over the counter pain reliever given to your child in the event of a headache? Yes _____ No _____
Signature _____ Date _____



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