

North East Westchester Special Recreation Inc.

63 Bradhurst Avenue, Hawthorne, New York 10532

914-347-4409

Fax: 914-347-5054

Medication Information/Release Form

Day Programs

I _____ have given my permission for the North East Westchester Special Recreation Staff to administer medication to _____ . I will provide all medication upon request to North East in a properly labeled container with the dosage information on it. I understand that the medication will be dispensed by North East Staff.

I will notify North East Staff if the medication type or dosage changes.

(Signature of Parent or Guardian)

(date)