

(Please read and follow all instructions carefully.)

Medication Procedures

- If it is necessary for a child or teen under the age of 18 to take over-the-counter or prescribed medication during program hours, this authorization for medication form must be completed in full by the physician and signed by the parent or guardian.
- The child or teen must have taken the medication at least once without negative reaction before bringing it to the program.
- A parent is expected to hand-deliver medication to the program director along with this form, unless the child or teen is authorized by the parent and physician to carry the medication and the form.
- All medications must be brought to the program in the original pharmaceutical container and labeled with the child or teen's name, medication dosage and schedule. If the child or teen is a non-reader, his/her picture or an identifiable sticker must be attached.
- Only the exact amount of medication should be delivered to the program. If the parent does send more than the specific quantity and does not collect the unused medication within one week after the program has ended, the department will destroy the unclaimed medication.
- All measuring utensils used for administering medications must be labeled with the child or teen's name on the utensil and brought in with the medication. All half dosages must be split prior to the program.
- A parent must submit a new authorization form whenever there is a change in the dosage or medication.
- The department will not knowingly allow anyone to take either prescription or over-the-counter medication during program hours without a completed authorization form on site.

On-site Procedures

- The program director will store the medication in a secured, non-refrigerated area that is accessible only to authorized personnel. Exceptions will be made in extenuating circumstances only if permission is given by the child or teen's parent and physician for the child or teen to carry the medication during program hours.
- Department personnel are not health professionals with training in medication administration. Therefore the program director will oversee the child or teen as he/she self-administers the medication. **The parent must train the child or teen to identify his/her medication container and the dosage amount to be taken.** The program director will ensure that the medication is taken at the designated time(s) and that it is administered correctly by the child or teen.
- Exceptions to this procedure are as follows: Program directors will administer an epinephrine or insulin injection or asthmatic equipment in an emergency situation. In these situations, the rescue squad will be called, regardless of whether the child or teen exhibits any symptoms.
- Department personnel may only administer pre-measured doses of these medications. If the physician's order includes a repeat injection, the parent must supply two pre-measured doses.

Authorization for Medication for: _____
(name of child or teen)

1. Participant Information

Authorization for Medication

Condition: _____

Medication: _____

Dosage and schedule during program hours: _____

Special instructions: _____

Side effects: _____

Duration of Order (not to exceed current program): _____

Asthma Inhaler

Asthma Inhaler Name of asthma inhaler medication #1 _____

Instructions: _____

Asthma Inhaler Name of asthma inhaler medication #2 _____

Instructions: _____

Epinephrine Injection

Give the injection indicated below immediately after report of exposure _____

- Epi-pen (given in pre-measured dose of 0.3 mg epinephrine 1:1000 aqueous solution or 0.3 cc.)
- Epi-pen Jr. (given in pre-measured dose of 0.15 mg epinephrine 1:2000 aqueous solution or 0.3 cc.)
- Repeat dose of epinephrine in 15 minutes, if the rescue squad has not arrived. (must supply a second pre-measured injection)

Authorization for the Child or Teen to Carry and Self-Administer Medication

The above named child or teen may carry this medication with him/her during recreation hours. He/she has received adequate information on how and when to use this medication, and I believe he/she can safely carry and self-administer it.

Physician Signature: _____ Date: _____

Authorization for Medication for: _____
(name of child or teen)

2. Parent Authorization for Medication

Authorization for Medication

Check each box that applies:

- I authorize my child to take the medication as directed by his/her physician.
- I authorize my child to carry and self-administer medication during program hours as directed by his/her physician.
- I authorize Recreation Department personnel to administer epinephrine or insulin injections for my child as directed by his/her physician.

I have read the instructions on page 1 that clarify the medication administration procedures, and I assume the responsibilities indicated. I agree to release Montgomery County, its agents and employees, from all liability from this authorization.

I understand that I must collect any unused medication no later than one week after the program ends, or the Recreation Department will discard the medication.

Parent Signature: _____ Day Phone: _____

Guardian Signature: _____ Date: _____

3. Recreation Department Authorized Personnel

- I verify that Parts 1 and 2 of this document are properly completed, including the appropriate signatures. *(Note: The physician may complete his/her portion on a prescription pad or medical stationery.)*
- I verify that the Recreation Department can accept the medication as specified by the physician in its original, properly labeled pharmaceutical container *(i.e., with labeled measuring utensil for administering the medication if needed).*

Program: _____

Program Director Signature: _____ Date: _____

