

SIMSBURY PARKS & RECREATION

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

If your child is on medication or requires medication in the event of an emergency, parents **MUST** provide the following information:

IF CHILD WILL NEED TO TAKE MEDICATION DURING PROGRAM HOURS (prescription & non-prescription drugs) AND/OR IF CHILD REQUIRES MEDICATION IN THE EVENT OF AN EMERGENCY (epipen, asthma inhaler, etc.)

1. The authorized prescriber must complete the Authorized Prescriber's Order (Section 1) of the "Authorization for the Administration of Medication" form attached.

THIS FORM MUST BE COMPLETED BEFORE ANY MEDICATION CAN BE ADMINISTERED

2. The parent/guardian must complete the Parent/Guardian Authorization (Section 2) of the "Authorization for the Administration of Medication" form attached.

THIS FORM MUST BE COMPLETED BEFORE ANY MEDICATION CAN BE ADMINISTERED

3. A child may only Self-Administer medication with written authorization of the Authorized Prescriber and the Parent/Guardian.

THIS FORM MUST BE COMPLETED BEFORE ANY MEDICATION CAN BE SELF-ADMINISTERED

4. Parents will be asked to provide program Staff with pre-measured dosages of the prescribed medication. Medication must be in the original container and labeled with the child's name, name of medication, directions for medication's administration and date of the prescription.

5. All unused medication will be destroyed if not picked up within one week following the end of the program.

POLICY FOR CHILDREN WITH FOOD ALLERGIES:

- The primary safeguard for a child with food allergies is for the child to consume only food/snacks that he/she bring to the program each day.
- Staff will enforce strict no food trading/sharing rules. Table surfaces will be washed clean and children will wash their hands after snack/food.

We do assume the child with an allergy has been instructed by the Parent/Guardian not to touch trade or share food with anyone else.

- The completed "Authorization for the Administration of Medication" form is **REQUIRED**. Staff is not certified to administer Epi-pens, but will use the instructions to **ASSIST THE CHILD** in an emergency if necessary.

So that the program staff may be prepared to handle an emergency situation, the form must be on file **BEFORE** your child attends.

RETURN FORM AND INFORMATION TO THE PARKS & RECREATION OFFICE - PRIOR TO THE START OF THE PROGRAM! MEDICATION CAN BE BROUGHT ON THE FIRST DAY OF THE PROGRAM.

If you have any questions, contact the Simsbury Parks & Recreation Office at 860-658-3836.

Simsbury Parks & Recreation Department

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

Parents/Guardians requesting medication administration to their child shall provide the program with the appropriate written authorizations(s) and the medication **before** any medications are administered.

All medications must be in the original container and labeled with the child's name, name of medication, directions for medication's administration, and date of the prescription.

1. AUTHORIZED PRESCRIBER'S ORDER (Physician, Dentist, Optometrist, Physician Assistant, Advance Practice Registered Nurse)

Name of Child _____ Date of Birth ____/____/____ Today's Date ____/____/____

Address of Child _____ Town _____ State _____ Zip Code _____

Medication Name/Generic Name of Drug _____ Controlled Drug? Yes _____ No _____

Condition for which drug is being administered _____

Specific Instructions for Medication Administration _____

Dosage _____ Method/Route _____

Time of Administration _____ If PRN, frequency _____

Medication shall be administered: Start Date: ____/____/____ End Date: ____/____/____

Relevant Side Effects of Medication _____ None Expected _____

Explain any allergies, reactions to/negative interactions with food or drugs _____

Plan of Management for Side Effects _____

Prescriber's Name/Title _____ Phone Number () _____ - _____

Prescriber's Address _____ Town _____ State _____ Zip Code _____

Prescriber's Signature _____ Date: ____/____/____

2. PARENT/GUARDIAN AUTHORIZATION

____ I request that medication be administered to my child as described and directed above.

____ I hereby request that the above medication be administered by Simsbury Parks & Recreation personnel and I give permission for the exchange of information between the Prescriber and Parks & Recreation personnel as necessary to ensure the safe administration of this medication.

____ I have administered at least one dose of the medication with the exception of emergency medications to my child without adverse effects.

Parent/Guardian Signature _____ Relationship _____ Date ____/____/____

Parent/Guardian's Address _____ Town _____ State _____

Home Phone: () _____ - _____ Work Phone : () _____ - _____ Cell Phone: () _____ - _____

3. SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian.

Prescriber's authorization for self-administration: Yes _____ No _____
Signature _____ Date _____

Parent/Guardian authorization for self-administration: Yes _____ No _____
Signature _____ Date _____

Today's Date ____/____/____ Printed Name of Individual Receiving Written Authorization and Medication _____

Title/Postion _____ Signature _____