

CAROLINE COUNTY RECREATION AND PARKS

AUTHORIZATION FOR PRESCRIPTION MEDICATION

All medication should be taken by children at home whenever possible. If it is necessary for a child to take medication during a recreation program, this form must be completed in full by the physician and signed by the parent or guardian. Please note that directions must be specific.

PLEASE NOTE THE PROCEDURES LISTED BELOW:

- ❖ Parents/Guardians need to personally bring in the medication to the recreation program. Children are not allowed to bring in any medication.
- ❖ All medications should be brought to the program in the original pharmaceutical container and labeled with the participant's name, dosage, and schedule.
- ❖ All medications will be stored in a secured area.
- ❖ Medications that require refrigeration cannot be stored at the program site or issued to the participant.
- ❖ All measuring utensils used for administering medications need to be brought in along with the medication and labeled with the participant's name on the utensil.
- ❖ Pills may not be broken in half by staff. Split these prior to the program.
- ❖ No over-the-counter drugs will be administered unless prescribed by the physician.
- ❖ The participant must have been taking the medication before the start of the recreation program.

TO BE COMPLETED BY PARENT/GUARDIAN:

I hereby request and give authority to Caroline County Recreation and Parks staff to issue prescribed medication as directed by my physician as described on the opposite page. I agree to release, indemnify, and hold harmless Caroline County Recreation & Parks for issuing prescribed medication to the participant.

PARTICIPANT'S NAME: _____ BIRTHDATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PHONE: (W) _____ (H) _____

(OVER)

TO BE COMPLETED BY THE PHYSICIAN:

Caroline County Recreation and Parks discourages the issuance of medication to participants in recreation programs during program hours. Any necessary medication, which possibly can be administered before or after programs, should be so prescribed. Only in absolutely necessary cases will staff administer medications. Please list below the type of medications prescribed, toxic effects and any other information considered relevant.

Condition: _____

Medication: _____

Dosage/Schedule: _____

Special Instructions: _____

Date of order: _____ Duration of order: _____

I hereby authorize the camp staff to issue these medications as prescribed.

Signature of Physician

Date