

# **Neenah Parks & Recreation Department**

## **OPERATION RECREATION Authorization For Administration Of Medication**

### **Instructions:**

- All medication should be taken by children at home whenever possible. If it is necessary for a child to take prescribed medication during program hours, this form must be completed in full by the physician and signed by the parent or guardian, giving specific instructions.
- The contractor will not knowingly allow to take either prescription or over-the-counter medication during program hours without the parent's and physicians authorization.
- After the department receives the appropriate authorizations, the program director will store the medication in a secured area that is accessible only to authorized personnel. Exceptions will only be made if permission is given by the child's parent and physician for the child to carry the medication during program hours, certifying that he/she can safely self-administer the dosage.
- Parents/guardians are expected to hand-deliver medication to the program director, unless the child is authorized by the parent and physician to carry the medication.
- Neenah Parks & Recreation cannot guarantee refrigeration for medication at the program sites.
- No over-the-counter drugs will be administered unless prescribed by a physician. (i.e., Tylenol, Benadryl, cough medicines).
- All medications must be bought to the program in the original pharmaceutical container and labeled with the child's name, medication dosage and schedule.
- Parents/guardians should not provide more medication than is necessary for the current day.
- All measuring utensils used for administering medications must be labeled with the child's name on the utensil and brought in with the medication.
- Pills may not be broken in half by the Operation Recreation Supervisor. All half dosages need to be split prior to the program.
- Parent/guardian must submit a new authorization whenever there is a change in the dosage or medication, or a change in the conditions under which the child is to take the medication.

**Neenah Parks & Recreation Department**

## Authorization For Administration Of Medication Form

**Participant's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**PHYSICIAN INSTRUCTIONS** – Please Note: medical personnel are not available during the Operation Recreation program. Whenever possible, please prescribe medication that can be given outside of the Operation Recreation day. If medication must be administered during Operation Recreation program hours, please complete the information below.

Medication	Dosage	Route of Administration	Time of Day

Diagnosis or indication for medication \_\_\_\_\_

Length of time to be taken \_\_\_\_\_

Precautions, if any \_\_\_\_\_

a. For emergency medication, is the child capable of self-administering the necessary treatment/medication? Yes \_\_\_ No \_\_\_\_\_

b. Will the child need to carry this medication on his/her person? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Will the child need to self-administer this medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Please note the obvious side effects of this particular medication \_\_\_\_\_

### PHYSICIAN'S CONTACT INFORMATION

Physician's Name	
Physician's Address	
Physician's Phone Number	

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENT'S REQUEST

I/We the undersigned, who is/are the parent/guardian of \_\_\_\_\_ request that medicine be administered to the said child by a designated member of the Operation Recreation Staff, in accordance with the instructions outlined above and signed by our physician. It is to be given at \_\_\_\_\_ (time) with the following special instructions \_\_\_\_\_. In agreeing to have the Operation Recreation Staff administer our son/daughter's medication, I voluntarily agree to release, discharge, and hold harmless Neenah Parks & Recreation Department and its officers, agents, and employees for any and all claims of liability arising out of their negligence, recklessness or any other act of omission which causes our child's illness, injury, death and damages of any nature in any way connected with the administration of our child's medication.

As indicated in the physician's statement above, our child \_\_\_\_\_ will self administer his/her own emergency medication when required, and we are not requesting Neenah Parks & Recreation personnel to assist in the administration of our child's medication. Our child will need to self-administer his/her emergency medication during program hours because he/she suffers from the following life threatening condition \_\_\_\_\_ (state nature of illness). Our child will need to take his/her medication \_\_\_\_\_ (#of times/day) with the following special instruction: \_\_\_\_\_

I understand the major responsibility for a child taking medication rests with the child and his/her parents/guardian, and we are required to personally bring the medication to the Operation Recreation program.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Day Time Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_