Centerville-Washington PARK DISTRICT

AUTHORIZATION FOR ADMINISTERING MEDICATION FORM

1. Personnel may not accept medications unless the Authorization for Administering Medication Form is completed and signed.
2. All medication is kept in a secured location, only accessible to authorized personnel.
3. Under no circumstances may any staff member facilitate the taking of any medications outside the procedures outlined in the Medication Administration Procedures.
4. The Centerville Washington Park District does not assume responsibility for unauthorized medication taken independently by the child.
5. **Medications should be administered at home whenever possible.** The first dosage of any medication must be taken at home, if necessary for early control/treatment of the child's medical condition. All medications to be administered during program hours must have parent/guardian authorization. Some medications also require authorization by a physician. The parent/guardian must transport the medication to the appropriate camp drop-off area or extended care area, and give to designated staff.
6. The medication must be properly labeled with the child's name, medication name, exact dosage to be taken, exact time dose is to be taken and the expiration date. The medication must be in the original container. The form and container must match.
7. If the medication is in pill form, the number of pills in the container has to correspond with the number of pills the child will take that day.
8. Medications other than pills, Epi-pen and inhalers will be handled on a case-by-case basis. Please contact the program supervisor for assistance.
9. A physician may use office stationery or prescription pad in lieu of completing Authorization for Administering Medication Form. Required information includes: child's name, date of birth, duration, diagnosis, medication name, dosage, time to take medication, and sequence if more than one is to be taken, side effects and physician's signature and date.
10. The parent/guardian is responsible for submitting a new form each time there is a change in medication, dosage and/or a change in conditions under which medication is to be administered.
11. The parent/guardian must pick up unused portions of medication at the end of each day. Medications not claimed will be destroyed.

The Centerville Washington Park District reserves the right to deny any request if the administration of the medication cannot be reasonably distributed by a non-medical professional.

937.433.5155
www.cwpd.org
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221 N. Main Street
Centerville, Ohio 45459

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PART I: PARENT/GUARDIAN REQUEST FOR ADMINISTRATION OF MEDICINE

In consideration of permitting my/our child/ward to participate in recreation programs sponsored by the CWPD, I/we, as the stated child's parent(s) or guardian(s), hereby agree to release and discharge, as well as indemnify and hold harmless Centerville-Washington Park District, its Commissioners, Agents, Employees, Assignees, and Volunteers from any claims, demands, actions of any type and nature, and expenses, including reasonable attorney's fees, resulting from the administration of medication or other emergency care, provided said medication and care is given in accordance with the Medical Authorization and Instruction Information completed by the child's/ward's physician or from their failure to administer emergency care or medication when required. I/we have read the information and procedures outline included with this form and I/we agree to assume the responsibilities imposed. I/we agree to be solely responsible for any expenses incurred if my/our child/ward is transported to any facility for further care or evaluation.

I request and give permission to the administrator or his/her delegate to administer the following medication to my child:

Child's/ward's name: _____

Medication to be administered: _____

Dosage: _____ Times of dosage: _____

To be signed by at least one natural parent or guardian, preferably both natural parents or guardians.

_____ Date: _____
Parent/Guardian Signature

_____ Date: _____
Parent/Guardian Signature

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PART II: PHYSICIAN'S INSTRUCTIONS

Section does not need to be completed for certain non-prescription items, such as: fever-reducing medicines that do not contain aspirin; cough or cold medications that do not contain codeine; and topical ointments, creams, or lotions.

(Name of Child) _____ is under my care and should receive

(name of medication) _____

Instructions for administration: _____

Possible side effects: _____

Expiration date: *(may not exceed six months from date of request)* _____

Physician name: _____

_____ Date: _____ Phone number: _____

Physician Signature

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