

Administration of Medication Policy

The City of North Port Parks & Recreation Department - Camp program will keep on file the following information:

Prescribed inhalers or Epi-pens or other prescribed medications with parent's consent; and a doctor's signature.

Authorization forms for each, which require a parent's and doctor's signature, are available online and at the Community Centers.

Parent Responsibilities

It is the parent's responsibility to inform the Program Coordinator upon registration that their child has a prescribed inhaler, epi-pen, or other prescribed medication. The medication must be provided to the Program Coordinator so as to be inaccessible to other children. Medication forms are required to be signed by parent and physician before the program starts. They must include:

- The child's name, address, and birth date.
- The drug name.
- The prescribed dose.
- The method of administration (oral, topical, epi-pen, etc.).
- The time to be self-administered.
- The side effects.
- The prescriber's name and address.
- Medications must be in their original container and clearly labeled.

Staff Responsibilities

Medication will be self-administered by camper, but under supervision by a staff member. Staff will keep accurate documentation of all medications administered by completing the proper paper work, which will be kept in the Program Coordinator's files. Individual administration records shall include:

- The date the medication was administered.
- The time it was administered.
- The dose that was administered.
- Any comments.
- Parents shall be notified of any administration errors by telephone. The error will be documented in the child's camp record.

If you have any questions about the administration of medication during camp, please contact the Program Coordinator or Recreation Supervisor.

Prescription Medication Authorization Form

Medical Release - Self-Administration

Program Name: City of North Port Parks and Recreation Department –Camp Program

_____ has been instructed in the use of
(Camper Name)

_____. We, _____
(Medication) (Physician)

and _____ request that this camper
(Parent/Guardian)

be permitted to keep it locked in the Camp Office and self-administer this prescription medication, because we consider him/her responsible for its administration. We authorize him/her to do so. He/she has been instructed in and understands the purpose and appropriate method, frequency, dosage, and use of the medication.

We, the undersigned, release the City of North Port and its employees of any and all liability resulting from this camper's self-administration of his/her medication. We acknowledge that, from this day forward, the Camp Program assumes no supervisory responsibility over the camper's self-administration of the above-listed medication(s).

Physician Signature Date

Parent/Guardian Signature Date

Child's Name _____ Date of Birth _____

Prescription Medication Authorization Form

Program Name: City of North Port Parks and Recreation Department – Camp Program

The City of North Port Parks and Recreation Department requires this form to be completed for all campers who are currently taking prescription medication during Camp hours. Any change in medication, dose, or frequency will require a new form from the physician. The following information is to be completed by a physician only.

Student Name _____ Date of Birth ____/____/____

Diagnosis _____

Drug Name	Dosage	Frequency	Route

Side Effects: _____

Medication to be administered from ____/____/____ to ____/____/____

M.D. Signature _____ Date ____/____/____

Print Name _____

DEA # if drug is a controlled substance _____

M.D. Address _____

M.D. Telephone # _____ Fax _____