

MEDICATION AUTHORIZATION

REQUEST AND PROCEDURES FOR ADMINISTRATION OF MEDICATIONS

- 1.) All children needing medication are encouraged to receive the medication at home, either before or after the program.
- 2.) The Director of the program (or other person designated by the Recreation Supervisor of Stow Parks and Recreation) must have a written request, signed by the parent, guardian, or other person having care or charge of the child, that the medication be administered to the child.
- 3.) All medications MUST be in their original prescribed bottle or container and given to the Director on the first day of the program (or when a prescription becomes necessary).
- 4.) All medications shall be kept in a cool, dry place, unless otherwise specified by the parent.

The following section must ALWAYS be completed by the parent/guardian.

CHILD INFORMATION

Child's Name: _____ Date of Birth: _____ Weight: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Parent or Legal Guardian 1 Name: _____ Daytime #: _____

Parent or Legal Guardian 2 Name: _____ Daytime #: _____

Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Prescription medication | <input type="checkbox"/> Topical product or lotion | <input type="checkbox"/> Food supplement |
| <input type="checkbox"/> Nonprescription medication | <input type="checkbox"/> Refrigeration required | <input type="checkbox"/> Modified diet |

Complete all of the following information:

Name of medication: _____ Exact dosage: _____

To be administered at the following times: _____

Beginning and ending dates of administration of medication: _____

Special instruction for administration of medication: _____

Any severe reactions that should be reported to a physician: _____

All medications must be received in the container in which it was dispensed by the prescribing physician, licensed pharmacist, or in case of over-the-counter medication, the original container. All medication must be labeled with the child's name, dosage, and the name of the medication. **ALL MEDICATION MUST BE BROUGHT TO THE PROGRAM BY THE PARENT.**

I have read the above stated procedures and understand and agree that the City of Stow, its offices, employees, agents, and representatives have no responsibility for the content, refilling, safeguarding of said medications. I further agree to hold the City of Stow, its offices, employees, and representatives harmless from all liability arising out of the dispensation of said medication.

Since administration of the medications for the child listed cannot be scheduled for other than the program hours, I understand that the medication as indicated be administered by personnel, who may be medically untrained. I understand the personnel are not legally obligated to administer medication and therefore, agree not to hold the City of Stow Parks and Recreation, or its employees responsible for the results of such medication or the manner in which it is administered.

This authorization shall remain in force until revoked by the undersigned in writing or until superseded by another authorization of later date.

Signature of Parent: _____ Date: _____

Printed name: _____ Daytime #: _____

This form must be filled out completely and on file with the Parks and Recreation Department before the first day of the program.