

NEENAH PARKS & RECREATION DEPARTMENT
OPERATION RECREATION
Authorization for Administration of Medication Form

(COMPLETE THIS FORM ONLY IF YOUR CHILD NEEDS MEDICATION ADMINISTERED WHILE ATTENDING OPERATION RECREATION)

INSTRUCTIONS

- All medication should be taken by children at home whenever possible. If it is necessary for a child to take a 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 a child to take prescription or over-the-counter medication during program hours without the parents 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 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 brought 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.

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 (7:30am – 5:30pm). If medication must be administered during the 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 INFORMATION

Name: _____ Address: _____ Phone: _____

Physician's Signature: _____ Date: _____

I/We the undersigned request that medicine be administered or self-administered to the above child by a designated member of the Operation Recreation Staff/ or by the child in accordance with the instructions outlined above and signed by our physician. It is to be given at the time, proper dosage and route of administration per the physician's instructions outlined above. 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. 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: _____