

15.1 MEDICATION DISPENSING POLICY AND FORMS

The Special Recreation Service of Northern Lake County will only dispense medication at programs when necessary for the health and welfare of the participants. SRSNLC member district staff will request, when possible, that the medication be given by parent or guardian or self-medicating participants prior to or after the program participation. All procedures for dispensing medication must be followed.

Medication Dispensing Procedures

Parent or Guardian Responsibilities:

1. Complete medication dispensing waiver.
2. Complete medication information form.
3. Deliver all medication to member district staff in original prescription container or a sturdy and clearly marked container which includes person's name, name of medication, dosage, and time of day to be given.
4. A minimum of three (3) business days prior to the program, parent or guardian must show the original label to authorized member district staff, so that the written information on the temporary container can be compared to the original label from the pharmacy. If the information on the original container changes, then the written instructions must also be adjusted and the comparison made again. Both the parent or guardian and SRSNLC member district staff must initial the written label for it to be accepted. The 3-day requirement can be waived only if the timing of when the doctor prescribes the medication is less than three (3) days prior to when medication needs to be dispensed at the program; a minimum of 24 hours will be enforced.
5. Verbally communicate with member district staff regarding any specific instructions with medication.
6. Notify member district immediately of medication changes and complete new information form.

Staff Responsibilities:

1. Ensure that medication dispensing waiver form and information form are filled out completely prior to dispensing medication.
2. Insure that only authorized member district staff receives medication from parent or guardian.
3. Verbally communicate with parent or guardian regarding specific instruction on dispensing and storing medication.
4. Store the medication in a locked cabinet away from the reach of other participants.
5. Member district staff must follow instructions written on medical information form, dose envelope and/or original prescription container, in the event of conflicting information, medication should not be administered until the parent or guardian or physician are contacted for specific instructions.
6. Only paid and trained member district staff will be allowed to dispense medication.
7. Medication logs will be kept for all medication dispensed by member district staff and will be kept on file for one year in a permanent file.

SPECIAL RECREATION SERVICE OF NORTHERN LAKE COUNTY

PERMISSION TO DISPENSE MEDICATION WAIVER AND RELEASE OF ALL CLAIMS

The SRSNLC will not dispense medication to a minor child or other participant until the Permission and Waiver to dispense Medication and Medication Information Sheet have been fully completed by a parent or guardian.

Name of Program: _____ Date: _____

I _____ the parent/guardian of _____
(Print Name) (Print Name)

give permission to the staff of the **SRSNLC** to administer to my child:

(Print Name of Medication)

I understand it is my responsibility to give the medication directly to the program staff in original prescription containers clearly labeled with the following information:

Participants' Name: _____

Name of Medication and complete dosage instructions: _____

In all cases the dosage of medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the **SRSNLC** to secure medical treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administration of medication to my minor child. In consideration of the **SRSNLC** administering medication to my child, I do hereby fully release and discharge the **SRSNLC**, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify and hold harmless and defend **SRSNLC**, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Signature of Parent or Guardian

Date

MEDICATION DISPENSING INFORMATION

Background Information:

Participants Name: _____ Age: _____

Address: _____

Parent/Guardian Name: _____

Daytime Phone: _____ Other Phone: _____

Program Name: _____

Doctor's Name: _____ Phone: _____

Medication Information

Name of Medication: _____ Dose: _____ Time: _____

Dispensing and storage instructions: _____

Dispensed By: _____ Staff _____ Guardian _____ Self

Possible Side Effects: _____

Name of Medication: _____ Dose: _____ Time: _____

Dispensing and storage instructions: _____

Dispensed By: _____ Staff _____ Guardian _____ Self

Possible Side Effects: _____

Name of Medication: _____ Dose: _____ Time: _____

Dispensing and storage instructions: _____

Dispensed By: _____ Staff _____ Guardian _____ Self

Possible Side Effects: _____

Other Information: _____

I understand that it is my responsibility to give the medication directly to the program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Medication Information Form.

I hereby acknowledge that the above information is accurate and I understand that it is my responsibility to inform **SRSNLC** of any changes in the medication or dispensing of medication occurs.

Signature of Parent of Guardian

Date