

Medication Authorization Form

For Prescription and Non-prescription Medications



DEPARTMENT OF PARKS
AND RECREATION

INSTRUCTIONS:

- **Section A** must be completed by the parent/guardian for **ANY** medication authorizations. **One form per medication.**
- **Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

Section A: To be completed by parent/guardian

Medication authorization for: _____
(Child's name)

_____ has my permission to administer the following medication:
(Name of Child Care Provider)

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

I have read and understand the HOLD HARMLESS AGREEMENT and Instructions on the reverse side of this form and by my signature(s) for each medication permission I agree to its terms.

Parent's or Guardian's Signature: _____ Date: _____

Section B: to be completed by child's physician

I, _____ certify that it is medically necessary for the medication(s) listed
(Name of Physician)

below to be administered to: _____ for a duration that exceeds 10 work days.
(Child's name)

Medication(s): _____

Dosage and Times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Physician's Signature: _____ Date: _____

Physician's Phone: _____

Release and Indemnification Agreement

I hereby authorize the Arlington County Department of Parks and Recreation personnel to give the medication as directed by this authorization. I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify the County and all of its officers, departments, agencies, agents and employees from any and all claims, losses, damages, injuries, fines, penalties and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from, arising out of, or in any way connected to assisting this participant with the use of medication. I have read and understand this HOLD HARMLESS AGREEMENT and by my signature(s) for each medication permission I agree to its terms.

Instructions for Parent(s)/Guardian(s)

1. It is highly encouraged for parents to administer longer term medication before or after the program if possible for dosing schedule.
2. Medication **must** be labeled with participant's name, name of medication, the dosage amount, and the time or times to be given and provide the dosing method (pill crusher, any supplemental dosing methods, etc.) Medications must be in the original container with a single dose for the day (if applicable), and the prescription label or direction label attached. We do not hold multiple days' worth of medication on site.
3. Medications that parents can give approval include but are not limited to: OTC Acetaminophen, Ibuprophen or other analgesics, antibiotics or other medications that have been prescribed by a physician for a short term (less than 10 days).
4. All emergency medications require a physician's signature. Examples include but are not limited to: inhalers, EpiPen's, anti-histamine's, insulin, seizure medication or any other medication treatment for a long term disability or medical condition. Review of medication and specific training for staff may be requested by parent.
5. Diabetes and Seizure Management Plans will require additional information and necessary forms will be provided to parent if medication and care is requested to be provided at camp.
6. Use of sun screen or insect repellent also requires written parent authorization noting any known adverse reactions to particular brands. Please use this same form.