



Community Services & Parks

REGULATIONS REGARDING PARTICIPANT MEDICATION

No participant shall be given medication during program hours except upon written request from the parent or guardian of the participant and a licensed physician who has the responsibility for the medical management of the participant. Medication includes all pills, drops, inhalants, lotions, ointments, and injections.

City staff if authorized by the program's supervisor and trained by the parent (if necessary), may assist participants who must take prescribed medication during program hours through the use of the following procedures:

- 1) The reverse side of this page, "Request for Medication to Be Taken during Program Hours," must be completed by the participant's physician, signed by the parent or guardian, and filed with the program's supervisor. This request will be renewed each program season. If the medication program is changed, a new request form must be submitted.
- 2) The medication must be in its original container and it must be clearly labeled with the following information:
 - a. Participant's full name
 - b. Physician's name and telephone number
 - c. Name of medication, dosage, time schedule, adverse effects and dose form
 - d. Date of expiration of prescription
- 3) Medication will be checked in with program staff daily. Medication will not be kept at each site overnight.
- 4) The medication is not kept by the program participant. Special circumstances have to be evaluated on a case by case basis by the program supervisor.
- 5) Medication shall be kept in a secure place at all times.
- 6) Whenever possible, the parent or other responsible adult should come to the program site to administer the medication.
- 7) The program supervisor will consider each case individually and have the authority for determining whether medication can be administered safely at the program site.
- 8) Hypodermic injections will not be given by City staff. Any exceptions must be specifically authorized by the Department Director or his/her designee.



Community Services & Parks

REQUEST FOR MEDICATION TO BE TAKEN DURING PROGRAM HOURS

(to be completed by a licensed physician)

Participant's First Name: _____ Participant's Last Name: _____

Participant's Date of Birth: _____ Participant's Gender: _____ Male / Female
(MM,DD,YYYY) (Circle One)

Name of Medication: _____ Dosage: _____ Dose Form: _____
(i.e. Tablet/Liquid)

Time Schedule: _____ Other Instructions: _____
(i.e. Every four hours, twice a day) (i.e. Prior to a meal, after a meal, empty stomach)

Purpose of Medication: _____

Date of Prescription: _____ Length of Time Medication Will Be Necessary: _____
(MM,DD,YYYY)

Precautions, Special Instructions, Possible Adverse Effects, Comments: _____

Name of Physician: _____ Signature of Physician: _____ Date: _____
(Please Print)

Address: _____ Telephone Number: _____

PARENT REQUEST

My child's attendance in a City of Glendale, Community Services & Parks Department program, _____ is dependent upon him/her receiving medication during program hours. It is impossible for me to come to the program site to administer this medication. I hereby request that a member of the department staff designated by the respective program's supervisor, assist in administering the prescribed medication to my child.

Participant's Name: _____

Prescribing Physician: _____

Name of Medication: _____

Name of Parent: _____ Signature of Parent: _____ Date: _____
(Please Print)

Parent's Telephone Number: _____

TO BE COMPLETED BY THE PROGRAM SUPERVISOR

Person designated to administer the medication: _____

Location for locked storage of medication: _____
(Daily supply only – see reverse page for regulations)

☐ Approved ☐ Disapproved Comments (If Any): _____

Supervisor's Name: _____ Supervisor's Signature: _____