

**AUBURN RECREATION DEPARTMENT
SCHEDULED MEDICATION PERMISSION FORM
For Summer Day Camp Program Participants**

This form is to be filled out when it becomes necessary for a program participant to receive medication during program hours. Scheduled medications require this format, for example: take one (dose) of (medication) at (time) by (mouth). With these instructions, the Auburn Parks and Recreation Department personnel can administer or properly supervise the self-administration of medication by camper.

All medications which are to be taken as needed (PRN) requires the completion of a PRN medication form. Please adhere to the following guidelines:

1. Whenever possible, the time of medicine administration (prescription and over-the-counter) should be altered to allow the camper to receive all doses at home. Medications prescribed for once a day, twice a day (before and after program hours) or three times a day (before camp, after camp and evening) are to be given at home.
2. The program participant must be instructed at home to self-administer the medication in accordance with the below stated instructions, namely:
 - A. Participant must go to the camp director, or designated staff person, at the correct time and request his/her medication.
 - B. Verify his/her container as handed to him/her by non-medical program personnel
 - C. Verify contents
 - D. Measure out the correct dose (for liquid medication, parents must provide an exact and appropriate measuring device.)
 - E. Take medication by the correct route.
3. All medication will be kept in a designated location and can be taken only under the supervision of non-medical program personnel.
4. At no time shall a participant have medication in his/her possession except with special permission from his/her parent and physician.
5. Medication brought to the program site must be in its **original container**. Prescriptions are to be labeled by a pharmacist or physician. (The Auburn Parks and Recreation Department retains the right to **refuse** any or all requests for administration of medication, namely improperly labeled medications and/or lack of parental authorization.)
6. A one-day supply of medication can be brought onto the program site for each day needed. After the daily dose of medication is taken, the participant will pick up the empty container to take home.
7. The participant must receive adequate instruction at home to take the medication in accordance with the below stated instructions and to have knowledge of the desired effect, as

well as side effects. In the event of possible side effects as reported by program participant, the parent or guardian will be contacted and, if needed, emergency medical services will be called for assistance.

8. At the end of the program season, medications will be sent home with the program participant. Medications which are not picked up by the participant will be discarded.

Participant Name: _____ Program Site: _____

Name of Medication _____ Dosage: _____

Route (oral, nasal, injectable, etc. _____

Time of Administration: _____ How often? _____

Prescribing Physician/Personal Physician: _____

Reason for medication: _____

Side Effects: _____

Duration of Medication: _____ Start Date: _____ End Date _____

Other Pertinent and necessary information: _____

I give my permission for non-medical parks and recreation department personnel to supervise the self-administration of the above-mentioned medication to the above-named program participant.

Signature of Parent or Guardian: _____ Date: _____

~OR~

I give my permission for non-medical parks and recreation department personnel to administer the above-named medication only if the above-named participant is too young or otherwise unable to self-administer his/her medication as per guideline #2.

Signature of Parent or Guardian: _____ Date: _____

Note: This permission expires at the end of the program season or may be terminated by instructions from the parent or physician.