

RALEIGH PARKS, RECREATION & CULTURAL RESOURCES PERMISSION FORM FOR ASSISTED ADMINISTRATION OF MEDICATION

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ASSISTED ADMINISTRATION OF MEDICATION REQUIREMENTS

Parks, Recreation and Cultural Resources (PRCR) employees only administer medication to participants if:

1. The City of Raleigh permission form for assisted administration of medication is completed and in the possession of the PRCR staff.
2. A PRCR employee will not give medications unless it is in an original container with appropriate medicine contained within, with a visible label including the name of medication, the date of expiration, clear dosage amount and directions with the **PARTICIPANT'S NAME CLEARLY INDICATED** on the bottle/box.

PARENT/GUARDIAN INFORMATION

The Parent/Guardian is responsible for the following with ALL medication:

1. **Complete and sign** the portion of the form below and return to the program staff. Program staff will complete the lines in gray.
2. **Provide medication in an original container** with visible label including the name of medication, the date of expiration, clear dosage amount and administration directions with the participant's name CLEARLY INDICATED. Note: Inhalers outside the original package must be accompanied by a copy of the original package label noting the above information.
3. **Provide new, labeled containers** if/when medication changes are made.
4. **Parents/guardians must transport medication** to program site and give directly to program staff.
5. **Parent/guardian must pick up medication** at the end of each week/program from program staff. Medications not picked up at the end of 14 business days following the last day of participation in the program will be disposed of by program staff.
6. **PRCR program employees will dispose of empty containers** (unless otherwise instructed).
7. **For prescription medications:** The pharmacy label will serve as the physician's authorization for the medication to be administered. Have the pharmacist label two containers: one for home use and one for use in the program, if the participant is to receive medication at both sites.
8. **If the medication is an EPI pen or inhaler**, it is recommended (not required) that the pharmacist label two containers to keep at the program site. The parent/guardian should check to ensure the medication does not exceed the printed expiration date. Program staff will not accept expired medication.
9. **For non-prescription medications:** The medication must be administered according to the dosage and administration instructions on the original container. **A physician's signature will be required as authorization IF medication is requested to be given in an alternate dosage, etc.**
10. **Parents/guardians should notify program staff** in writing as soon as possible if there are any changes to instructions for the administration of medication once this form has been submitted. A new form may be required.

PERMISSION FORM FOR ASSISTED ADMINISTRATION OF MEDICATION (REQUIRED)

By completing the information below, the Parks, Recreation and Cultural Resources staff is authorized to administer any medication(s) that are provided as indicated above. (Staff to complete the lines highlighted in grey.)

Participant's Name _____

1. Name of Medication _____ Prescription Non-prescription

Dosage _____ Times _____

Reason for Medication _____ Side Effects _____

Quantity Provided _____ Staff Initials _____ Date ____/____/____

2. Name of Medication _____ Prescription Non-prescription

Dosage _____ Times _____

Reason for Medication _____ Side Effects _____

Quantity Provided _____ Staff Initials _____ Date ____/____/____

Parent/Guardian Name _____ Parent/Guardian Signature _____

Only under special circumstances for non-prescription medications (see #9 above).

Physician Name _____ Physician Signature _____ Date ____/____/____