

WARREN TOWNSHIP RECREATION
ADMINISTRATION OF
PRESCRIPTION DRUG FORM

Part 1. Warren Township Recreation Administration of Prescription Drug Policy.

Prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to any Warren Township Recreation program, including summer camp, (the “Program”) if necessary to treat a disease or condition with written authorization of a licensed health care professional as set forth herein. This form must be completed prior to bringing any such medication to the Program. Each medication shall require a separate form.

Approved medications must:

- Be in the original prescription container
- Be clearly marked with the child’s name
- Have a current date (not expired)
- Be signed into and out of the Program by the parent/ legal guardian authorizing this form or such other person so designated in writing

Camp staff are not medical professionals and are not authorized to administer medication.

- Children are required to self-administer medications, whenever possible.
- To the extent possible, the child should administer the medication in the presence of a Warren Township Recreation staff member, except in case of emergency.
- There is a trained staff member who can administer an auto-inject epi-pen and may assist with administration in an emergency.
- If a child is not authorized to self-carry, Warren Township Recreation staff may hold the medication until a child asks for it.
- This authorization is only valid for the listed medication during the term of the Program. Any change in medication, dosage, administration or other information regarding the within identified medication shall require execution of a new authorization form.

Part 2. To be completed by health care provider.

Child’s name: _____ DOB: _____

Medication name: _____

Specific directions: _____

Relevant side effects: _____

Special storage requirements: _____

Dose: _____

Please be advised that recreation staff are not trained medical professionals. They will be relying on the child to recognize the development of symptoms and to self-administer any permitted medications in accordance with the policies set forth herein. In your opinion, does the child know the following?

Nature of his/her condition?	YES	NO
How to self-administer required medication?	YES	NO
When to self-administer required medication?	YES	NO
Do you recommend that this child be allowed to self-carry the medication?	YES	NO

Prescriber Name/Title: _____ Phone: _____

Address: _____

Original signature of health care provider: _____

Part 3. To be completed by parent or legal guardian.

Parent/ Legal Guardian Name: _____

Address: _____

Primary phone number: _____

Please initial all that apply. Children will only be allowed to self-carry medication if both the physician and the parent give authorization.

____ I authorize my child to self-carry the prescribed medication indicated in Part 2 of this form.

OR

_____ I request that staff hold the medication until my child asks for it.

Part 4: Medical Release and Authorization (To be completed by parent or legal guardian).

I hereby acknowledge that I have read the Warren Township Recreation Department Administration of Prescription Drug Policy and agree to its terms and conditions.

I understand that I am required to cooperate with Warren Township Recreation with regard to the administration of my child's medicine. I further acknowledge that Warren Township Recreation personnel are not trained medical professionals and cannot guarantee nor be responsible for a satisfactory outcome of the administering of medication.

In consideration of permitting my child to participate in recreation programs (the "Programs") sponsored by Warren Township Recreation, including summer camp, I hereby for myself, my child, and our executors, administrators and assignees, assume all risks and hold harmless Warren Township, its agents, employees, volunteers, representatives, sponsors, affiliates, any person(s) permitting the use of their property for any Programs, or any individuals associated with the Programs, from any and all liability, causes of action, debts, claims, damages, or demands of any nature whatsoever (the "Claims") which may arise in connection with my child's participation in activities related to the Programs, including any Claims which are associated with the use, administration, or failure to administer any medications by Warren Township Recreation personnel.

I understand that Warren Township Recreation personnel cannot administer oral medications; however, there is a trained Adult Delegate who can administer auto-injector epinephrine only if needed, and if approved by a health care professional as set forth in Part 2 hereof.

This release is authorized and executed of my own free will, with the purpose of authorizing medical treatment under emergency circumstances, for the life and limb of the named minor child, in my absence.

Parent/Legal Guardian Signature: _____

Name of Child: _____

Date: _____