



Takoma Park Recreation Department

7500 Maple Avenue, Takoma Park, MD. 20912

▫ (301) 891-7290 ▫ www.takomaparkmd.gov/recreation ▫



Authorization for Medication

Medication Procedures (Please read and follow all instructions carefully)

- Since Department personnel are not health professionals with training in medication administration, **participant must be able to self-administer medications. The parent must train the participant to identify his/her medication container by attaching an identifiable picture, if necessary, and the dosage amount to be taken.** The program staff will oversee the participant while they self-administer the medication to ensure that the medication is taken at the designated time(s) and that it is administered correctly by the participant.
- Exceptions to this procedure are as follows: Program staff will administer an Epi-pen or Epi-pen Jr., and then call the rescue squad, regardless of whether the participant exhibits any symptoms. If the physician's order includes a repeat injection, the parent must supply a second Epi-pen or Epi-pen Jr.
- If it is necessary for a participant under the age of 18 to take over-the-counter or prescribed medication during program hours, his/her authorization for medication form must be completed in full by the physician and signed by the parent or guardian.
- The participant must have taken the medication at least once without negative reaction before bringing it to the program.
- A parent is expected to hand deliver all medication to the Program Director along with this form, unless the participant is authorized by the parent and physician to carry the medication and the form.
- All medications must be brought to the program in the original pharmaceutical container and labeled with the participant's name, medication dosage and schedule. If the participant is a non-reader, his/her picture or an identifiable sticker must be attached.
- Only the exact amount of medication should be delivered to the program. If the parent sends more than the specific quantity and does not collect the unused medication within one week after the program has ended, the department will destroy the unclaimed medication.
- All measuring utensils used for administering medications must be labeled with the participant's name on the utensil and brought in with the medication. All half dosages must be split prior to the program.
- A parent must submit a new authorization form whenever there is a change in the dosage or medication.
- The Department will not knowingly allow anyone to take either prescription or over-the-counter medication during program hours without a completed authorization form on site.
- The Program Director will store the medication in a secured, non-refrigerated area that is accessible only to authorized personnel. Exceptions will be made in extenuating circumstances only if permission is given by the participant's parent by a physician for the participant to carry the medication during program hours.



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Participants Name (print) _____ Age _____

Program Name _____ Session(s) _____

1. Physician Authorization for Prescription Medication

Reason for Medication _____

Name of Medication _____

Time to Give Medication _____ Frequency of Dosage _____

Possible Side Effects _____

Special instructions _____

Name of Child's Physician _____ Phone _____

Signature of Physician _____ Date _____

2. Physician Authorization for Use of an Inhaler

Diagnosis _____

Medication _____ Date _____

Duration _____ Dosage _____

Time to Give Medication _____ Frequency of Dosage _____

Special Instructions _____

Name of Child's Physician _____ Phone _____

Signature of Physician _____ Date _____

3. Physician Authorization for Use of Epinephrine

Name of Child's Physician _____ Phone _____

Signature of Physician _____ Date _____

Facilitate the following injection immediately after report of exposure to:

___ Epi-pen Jr. (give in pre-measured dose of 0.15 mg epinephrine 1:2000 aqueous solution or 0.3cc)

___ Epi-pen (give in pre-measured dose of 0.3 mg epinephrine 1:1000 aqueous solution or 0.3)

___ Repeat dose of epinephrine in 15 minutes, if the rescue squad has not arrived (2 kits will be needed)

Authorization for the participant to carry and self-administer medication

___ The above named participant may carry this medication with him/her during recreation hours. He/she has received adequate information on how and when to use this medication, and I believe he/she can safely carry and self-administer it.

Physician Signature _____ Date ____/____/____



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4. Parent Authorization for Medication

Authorization for Medication _____
(Participant's Name)

Check each box that applies:

- I authorize my child to take the medication as directed by his/her physician.
- I authorize my child to carry and self-administer medication during program hours as directed by his/her physician.
- I authorize Recreation Department personnel to administer and Epi-pen or Epi-pen Jr. for my child as directed by his/her physician.

____ I have read the instructions on page 1 that clarify the medication administration procedures, and I assume the responsibilities indicated, I agree to release City of Takoma Park, its agents and employees, from all liability from this authorization.

____ I understand that I must collect any unused medication no later than one week after the program ends, or the Recreation Department will discard the medication.

Parent/Guardian Name _____ Day Phone _____

Parent/Guardian Signature _____ Date ____/____/____