

For the purposes of this information the use of the term “medication” refers to medications, inhalers and epi-pens.

- Medications should be administered at home whenever possible. All medications to be administered during program hours must have parent/guardian authorization. Some medications also require authorization by a physician (this includes over-the-counter, antibiotic, or antiviral medications that will be taken longer than 10 days or other medications not previously listed). The parent/guardian must transport the medication to the park site and give to designated staff.
- The first dose of any new medication must be given at home.
- All medications must be properly labeled with the child's name, name of medication, exact dosage to be taken, expiration date and exact time or frequency dose is to be taken. The medication must be in the original container with the prescription label or direction label attached. The form and container must match. Make sure medication has not expired and will not expire during camp.
- Personnel may not accept medications unless the Medical Authorization Form is completed and signed.
- A physician may use office stationery or prescription pad in lieu of completing Part II. Required information includes: child's name, date of birth, duration, diagnosis, medication name, dosage, time to take medication, and sequence if more than one is to be taken, side effects, and physician's signature and date.
- The parent/guardian is responsible for submitting a new form each time there is a change in dosage or a change in time which medication is to be administered.
- All medication is kept in a locked area only accessible to authorized staff.
- When an authorization for medication expires, the parent/guardian shall be notified that the medication needs to be picked up within 14 days. Any medications that are not picked up by the parent within 14 days will be destroyed.
- The Prince William County Park Parks and Recreation Department does not assume responsibility for unauthorized medication taken independently by the child.
- Under no circumstances may any staff member facilitate the taking of any medications outside the procedures outlined here.
- Depending on physician's order, medications will be carried by the child or camp staff.
- Epinephrine may only be administered with parent/guardian and physician authorizations. The parent/guardian must transport the Epi-Pen(s) to the park site and give to designated staff.
- Prince William County Park Parks and Recreation Department personnel may give only pre-measured doses of epinephrine.
- If repeat doses of Epi-pen injections are in the physician's order, the parent/guardian must supply two Epi-pen kits.

Standards for Licensed Child Day Centers and Minimum Standards for Licensed Family Day Homes require that prescription and nonprescription medicine (including vitamins, sunscreen, diaper ointment, insect repellent and aspirin) may be given to a child only with the parent's or guardian's written consent.

Child's Name _____ Age _____

_____ has my permission to administer the following medicine:

(Name of Day Care Provider)

Medicine Name and/or Prescription Number: _____

Dosage and Times to be Given: _____

Possible side effects: _____

Special Instructions (if any): _____

This authorization is effective until: _____ (for child day centers, the effective period must not exceed ten work days, unless otherwise prescribed by the child's physician).

Parent's or Guardian's Signature: _____ Date: _____

If a medicine (prescription or nonprescription) is administered longer than 10 work days, the center regulation requires written authorization from the child's physician and parent or guardian. If authorization from the child's physician is not obtained, the written authorization from the parent or guardian must be renewed every 10 work days. The following can be completed for the use of long-term medication.

I certify that, in my opinion, it is medically necessary that the medicine described below be administered to _____ during center hours and that this medicine may be administered by center staff.

Medicine Name: _____

Dosage and Times to be Given: _____

Duration: _____

Physician's Signature: _____ Date: _____

Name of Physician: _____ Phone: _____