

Southington-Cheshire Community YMCAs
Authorization for the Administration of Medications by YMCA Personnel

Connecticut State Law and Regulations require an authorized prescriber's (physician, dentist, advanced practice registered nurse and physician assistant) written order, and parent or guardian's authorization, for a nurse, director, teacher, or staff member to administer medications. Over the counter medication must be in the original container and labeled with the child's name. Prescription medication must be in the original pharmacy prepared container with a safety cap, labeled with the name of the child, name of the drug, strength, dosage and frequency for administration, and have the authorized prescriber's name and date of original prescription.

ORDER OF AN AUTHORIZED PRESCRIBER

Name of Child: _____ DOB: _____

Street: _____ Town: _____ Zip: _____

Drug: _____ Dosage of Drug: _____

Method of Administration: _____ Time of Administration: _____

Special Instructions for Medication Administration _____

Medication shall be administered from _____ to _____
(date) (date)

Relevant side effects to observe if any:

If there are any side effects, plan for management:

Allergies to food or drugs? If yes, please list: _____

Is this a controlled drug? _____

Is this medication to be self-administered by the child? YES NO

Is his/her inhaler to be self-administered by the child? YES NO

Authorized Prescriber's Information (please print)

Name: _____ Phone: _____

Address: _____

Signature: _____ Date _____

Authorization by parent/guardian of the administration of the above medication:

I request that the above medication, ordered by an authorized prescriber for my child be administered by a YMCA staff member appropriately trained in administering medication and/or a regulated injection medication (i.e. EpiPen). **If my child is transported by bus, I realize that this medication may not be available during that time and I take full responsibility for my decision not to personally transport my child to/from camp.** I understand that I must supply the YMCA with the medication in the original container dispensed and properly labeled by a physician or pharmacist. Over the counter medication shall be in the original container labeled by me with my child's name. I understand that I must give my child the first dose of this medication. **I understand that this medication will be destroyed if it is not picked up within one week of my child's last day at camp.**

I give my child permission to self-administer his/her inhaler? YES NO

Name: _____ Signature: _____

Relationship to Child: _____ Phone # _____

Street Address: _____ Town: _____ Zip: _____

Southington Community YMCAs Medication Administration Record

Child's Name _____

Prescriber's Name _____

Medication _____

Pharmacy _____

Dosage _____

Prescription # _____

Method of Administration _____

Date	Time	Dosage	Remarks	Self Administered ?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
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				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Before any medication is administered for the first time the following items must be in place:

- The authorization form is complete
- The medication is in a safety cap container
- The name of the child is on the container
- The date is on the prescription. The date is current (within the expiration date)

Staff Signature _____

Date _____



YMCA Camp Sloper

Campers with Medications at Camp

If your child has any type of medication at camp, and they are transported by bus to and/or from camp it is important that you are aware that the medication is not routinely available to them while being transported.

Please read the following, indicate your choice of option, sign and return this to camp with your child's Authorization to Administer Medications form.

Campers with Medications at Camp

- My child is authorized to self-administer their own medication and will carry it with them.
- I have no concern about my child not having their medication available while on the bus.
- It is important that my child's medication is available while riding the bus. I would like to discuss any possible arrangement that might be available for this to be possible.

Please keep in mind that it may not always be possible for medications to travel with your child on the bus and that personal transportation is recommended as the safest option for campers with severe medical concerns.

Camper Name _____ Age _____ Bus _____

Medical Concern _____

Medication(s) _____

Parent Name _____ Daytime Phone _____

Parent Signature _____ Date _____