

**PROCESS FOR MEDICATION ADMINISTRATION WITHIN OAK RIDGE CAMP
PRESCRIPTION AND NON-PRESCRIPTION
(PARENT AND STAFF INFORMATION SHEET)**

- 1) Parent/guardian requests medication to be administered during the camp day.
- 2) Parent/guardian obtains "AUTHORIZATION FOR MEDICATION ADMINISTRATION DURING CAMP HOURS" form.
 - a. If medication dispensing less than two weeks, parent(s) will complete "AUTHORIZATION FOR MEDICATION ADMINISTRATION DURING CAMP HOURS" form.
 - b. If medication dispensing is beyond two weeks, prescribing physician must complete "AUTHORIZATION FOR MEDICATION ADMINISTRATION DURING CAMP HOURS"
- 3) Parent will personally deliver to the camp the completed "AUTHORIZATION FOR MEDICATION ADMINISTRATION DURING CAMP HOURS" form and medication in the appropriately labeled container. No more than one month's supply will be stored. The principal's designee will receipt the number of dosages received. You may ask pharmacist for a separate medicine bottle to keep at school.
- 4) Individual designated to dispense medication **MUST** receive medication in-service provided by Oak Ridge Schools' Nurse **PRIOR TO DISPENSING**. Individual dispensing medication must follow **STRICT** camper identification procedures outlined in the inservice.
- 5) Campers will have a recent photograph attached to the "AUTHORIZATION FOR MEDICATION ADMINISTRATION DURING CAMP HOURS" form to ensure proper identification.
- 6) Medication will be kept in a locked container until it is needed for dispensing. The locked container will be locked in a secure location for overnight storage.
- 7) Campers will be directed by their counselor to report to the designated area at the designated time to receive their medication. If a camper does not report, the person dispensing the medication will notify the camp director who will locate the camper in order for them to receive the medication. The person dispensing the medicine will inform the director of the camper who did not report for medication at the designated time.
- 8) The designated person dispensing the medication will document daily the time medication was taken. The designated person will sign his/her initials and the time medication is dispensed. If the camper is absent or does not receive medication that day, the record will be signed with an "A" meaning absent. A "no show" is not acceptable and the student must be located.
- 9) For campers receiving on-going medication, the director's designee will remind the parent at least three (3) days before the supply lapses.
- 10) When medication regimen has been completed, the parent/guardian will remove the remaining medication from the camp.
- 11) Any changes in dosage time or amounts will require a new "AUTHORIZATION FOR MEDICATION ADMINISTRATION DURING CAMP HOURS" form with directions from prescribing physician.

NOTE: NO INDIVIDUAL MAY DISPENSE MEDICATION WITHOUT THE VERIFICATION OF SYSTEM WIDE NURSE AND APPROVAL OF DIRECTOR

AMAC – 2017

(OVER)

OAK RIDGE SUMMER CAMP

AUTHORIZATION FOR MEDICATION ADMINISTRATION DURING CAMP HOURS

The medication administration policy of the City of Oak Ridge Summer Camp states: every effort should be made to avoid the necessity of children being given medication at camp. If under exceptional circumstances a camper is required to take medication during camp hours, only the camp coordinators or the director's designee may assist the student. It is the parent/guardian's responsibility to bring this medication to school and remove any unused medication when treatment is completed. (Prescription medication must have a proper pharmacy label. Non-prescription medication must be in a new **UNOPENED** container with current expiration date.) All medication shall be kept in a locked container. (Inhalers may be kept with student if noted by physician below. Parent and student must sign the Medication Exemption form.) **Written authorization is for the current camp year only.**

Medication to be given on a short-term basis (two weeks or less), prescription or non-prescription with adequate instructions provided, requires the **PARENT** to complete and sign.

Medication to be given longer than two weeks, the **PARENT** and **PHYSICIAN** portions on the form must be completed.

TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER

CAMPER NAME: _____	BIRTHDAY: _____	SEX: _____
NAME OF MEDICATION: _____	REASON FOR MEDICATION: _____	
Allergies: _____	Type of Reaction: _____	
Dosage: _____	Schedule (Time(s) of administration): _____	
Form of medication/treatment: _____		
Restrictions and/or important side effects (please circle one): <input type="checkbox"/> Yes <input type="checkbox"/> None anticipated		
If Yes, please describe: _____		
Special Storage Requirements:	<input type="checkbox"/> None	<input type="checkbox"/> Refrigerate <input type="checkbox"/> Other (Describe Below)

The camper is both capable and responsible for assisted for self-administering this medication:		
<input type="checkbox"/> Yes, with supervised assistance	<input type="checkbox"/> No, camper cannot administer	
<input type="checkbox"/> Student may carry this medication (Emergency meds only – Inhaler, Epi Pen, Benadryl Glucagon)		
Physician's Signature: _____	Date: _____	
Physician's Name: _____	Address: _____	Ph# _____

TO BE COMPLETED BY PARENT / GUARDIAN

It is understood that the medication is administered to the camper listed above solely at the request of and as an accommodation by the undersigned parent or guardian. I give permission for my child to be assisted with the medicine(s) described above at camp by authorized persons or permitted to medicate herself/himself as also authorized by me and the physician.

I give permission to the Oak Ridge Summer Camp to contact the prescriber for questions Yes No

I agree to release the City of Oak Ridge and its personnel from any liability arising out of the administration of the medication to the student. **I will assume full responsibility for any side effects and complications that my child may have as a result of taking this medication.**

Parent Signature: _____ Phone#: _____ Date: _____

THE FOLLOWING TO BE COMPLETED BY CAMP PERSONNEL

Medication was received by: Camp Coordinator Camp Director Front Desk manager

Medication shall be kept by: Student Coordinator

Signature of Camp personnel accepting medication: _____ Date: _____