



# **GUIDELINES FOR ADMINISTERING MEDICATIONS DURING UNION COUNTY YOUTH PROGRAM(S)**

In order for ANY MEDICATIONS to be administered during program hours, the County of Union requires the following:

## I. MEDICATION(S) AUTHORIZATION FORMS

- ❖ Form 1 is to be completed by the parents/guardians.
- ❖ Form 2 is to be completed by the physician/prescriber of the medication(s) for any medication(s) other than an epinephrine auto-injector.
- ❖ Form 3 must be completed by the parents/guardians and the child's physician **IF** your child requires an epinephrine auto-injector.
- ❖ **ALL FORMS** must be completed and returned **BEFORE YOUR CHILD STARTS THE PROGRAM.**
- ❖ Separate forms are required for each child and each medication.
- ❖ New forms are required each time there is a change to the original authorization on file.
- ❖ Parents/guardians must supply the medication(s).
- ❖ Parents/guardians must disclose any and all medical concerns, medication(s) carried, and/or emotional/behavioral disabilities in the **Emergency Medical Information Questionnaire.**

## II. MEDICATION(S) INSTRUCTIONS

- ❖ **ALL MEDICATION(S)** must be unexpired and stored in the original prescription container labeled by the pharmacist or physician/prescriber. Parents/guardians must provide to the registered nurse on staff any cautionary information specific to their child's medication(s).
- ❖ The pharmacy label must state the following: Patient's Name, Prescription Number, Date Filled, Name of Medication, Instructions for Use, and Physician/Prescriber's Name.
- ❖ **MEDICATION(S)** may be carried by a child and self-administered **IF** authorized in the appropriate Forms. In such cases where authorized, it is your child's responsibility to transport and administer his/her medication(s) during program hours.
- ❖ In the event your child is unable to self-administer his/her own medication(s), **AND** you have notified the registered nurse on staff of your child's situation, the registered nurse on staff and/or a staff member delegated by the registered nurse will carry your child's medication(s) and may administer the medication(s) to your child only **IF** authorized by you and your child's physician in the appropriate Forms.
- ❖ **Please do not send your child to the program with any non-prescription/over the counter medication(s).** Children **MAY NOT** carry

medications with them to or from the program, except medication(s) **IF** so authorized.

**III. ALLERGIC REACTION, ASTHMATIC EVENT, OR ANY OTHER INJURY**

- ❖ In the event your child is injured during program hours and requires medical attention, the County of Union has a registered nurse and/or EMT staff available to assist.
- ❖ Staff members are trained to render Basic First Aid, CPR, and AED.

**IV. FINAL DISPOSITION OF MEDICATION(S)**

- ❖ Parents/guardians must collect any unused medication(s) at the end of the program session.
- ❖ The County of Union has no obligation to notify parents/guardians of unclaimed medication(s).
- ❖ If not collected by the last day of camp, all medication(s) will be destroyed and the County of Union will not be responsible for any damages or claims that may result therefrom.