

Authorization for Self-Administration of Medication by Participant

Participants under the age of 18 with asthma requiring inhalers and those with a medically diagnosed condition that require prompt treatment (i.e. bee sting or food allergy) may self-administer medication provided there is a written medical order and parent authorization. Exemptions to the policy for self-administration require the consent of the medical advisor and parent/legal guardian.

PHYSICIAN OR DENTIST ORDER

Name for child _____ Date _____

Address _____ Birth Date _____

Information for Prescribing Physician: The following medication or treatment may need to be administered during Norwich Recreation Department program hours. I understand that med. Certified staff trained in CPR/First Aid may assist the child name above with the self-administration of this medication or the management of the treatment, unless otherwise indicated.

Condition for which drug is being self-administered during program _____

DRUG: Name, dose, and method of administration _____

Time of administration _____

Relevant side effects observed, if any _____

If there are side effects, plan for management _____

If child is to administer his/her own medication, please indicate that you feel the child is capable of self-administering _____

If not, please indicate conditions under which child may receive assistance from unlicensed personnel _____

Physician Sign _____ Date: _____

Address _____ Phone: _____

Authorization of parent/guardian for the self-administration of above medication

To Norwich Recreation Dept. Personnel:

I hereby request that my child, _____ be allowed to self-administer the above ordered medication. I understand that my child will be responsible for transporting the pharmacy labeled medication to the program and maintaining it in his/her control at all times.

Name: (print) _____

Signature: _____ Date _____