

Recreation Programs



Request to Dispense Medication

1. Prescription medications must be in the original container labeled with the participants name, a date, directions, and the physician's name. Medication that is not in a prescription container will not be approved and will not be dispensed during the program.
2. The medication container can only hold the dosage for **1 week** and must be taken home at the end of each week.
3. If the medication is left at camp and not picked up within 14 days of the last program day, the medication will be appropriately disposed of.
4. Medications dispensed will be limited to routine oral ingestion not requiring special knowledge or skills on the part of the supervisor/program lead. NO injections will be administered by the program employees. Medications will be held inaccessible to participants and will be kept separate from food.
5. The dispense of medication during a program may only be approved for programs with a duration of 5 hours or more. It is strongly encouraged to take medication outside of program hours if possible.
6. Non-prescription medications: the medication must be administered according to the dosage and administration instructions on the original container.
 - o A physician's signature will be required as authorization IF medication is requested to be given in an alternate dosage, etc.

Participant Name: _____

Program Name: _____

Participant Diagnosis/Reason for Medication: _____

Date of Request: _____

Name of Medication: _____

Prescription Non-prescription

Dosage: _____ Time(s) to be given: _____

Special Instructions: _____

Side effects of medication: _____

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Primary Phone Number

**Only under special circumstances for non-prescription medications (see #6).

Physician Name

Physician Signature

Date