



Orangevale Recreation & Park District
PARENT/PHYSICIAN RELEASE FOR MEDICATION DURING ORPD PROGRAMMING

Any participant who is required to take, during the regular program day, prescribed medication may be assisted by a Recreation Leader or other designated ORPD personnel if both of the following conditions are met: (a) The pupil's authorized health care provider executes a written statement specifying, at a minimum, the medication the pupil is to take, the dosage, and the period of time during which the medication is to be taken, as well as otherwise detailing (as may be necessary) the method, amount, and time schedule by which the medication is to be taken. (b) The pupil's parent or legal guardian provides a written statement initiating a request to have the medication administered to the pupil or to have the pupil otherwise assisted in the administration of the medication, in accordance with the authorized health care provider's written statement.

It is the policy of the Orangevale Recreation & Park District to cooperate with the participant's parent/guardian and his/her physician by administering and providing a safe place for the storage of medication deemed necessary for pupils who have potentially life-threatening medical conditions or who need medication administered during the program day in order to interact appropriately in the ORPD setting. Selected program personnel may store and/or dispense such prescribed medication to pupils upon written request of the pupil's parent/guardian and physician only when the medication is in the original container.

INSTRUCTIONS:

In order for a participant to receive medication at District sponsored activities, the following criteria must be met:

- A new form must be completed for **each** program activity for **each** medication. A new form must also be completed whenever there is a change in the medication: name, form (tablet, capsule, liquid), dose (amount), or time given.
- A form is required for **any** medication, prescription, non-prescription, or herbal supplement.
- **Both parent/guardian and physician must complete and sign this form.**
- All medication must be in the original container or original unopened package, and prescription medication must have the current prescription label.
- The original form **must** be on file at ORPD office. Forms may be brought to the District office by parent, guardian, or care provider. The completed form may also be mailed to the ORPD office.

PARENT REQUEST (Please Print):

Participant: _____ Date of Birth: _____
 Parent/Guardian: _____ Phone: _____
 Address: _____

If parent/guardian is unavailable, emergency contact:

Name: _____ Relationship: _____ Phone(s): _____

My child will need to take _____ (medication) at Orangevale Recreation & Park District Programs.
 It is to be given at: _____ AM/PM - with the following special instructions: _____.

I the undersigned, who is the parent/guardian of the above named participant, request that medication be administered to said child by a designated member of the program staff, in accordance with instructions outlined on the reverse side and authorized by our physician.

I give my permission for the principal, or designee, to communicate, with my child's physician regarding the physician's written statement for medication administration.

I understand that the major responsibility for a child taking medication rests with the child and his/her parent/guardian, and that I am required to personally bring the medication to the ORPD office.

I understand that I must notify the ORPD office, in writing, if I wish to terminate the request for administration of medication.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARTICIPANT NAME: _____ DATE OF BIRTH: _____

PHYSICIAN INFORMATION (Print):

- Name of Medication: _____
- Reason for Medication: _____
- Dosage: _____
- Time: _____
- Route: Oral Inhalation Injection Topical Other: _____
- Possible Side Effects: _____
- Special Instructions/Precautions: _____

Will student need to personally carry this medication? Yes No

Will the student be "self-administering" this medication: Yes No

The listed medication is necessary for:

- A potentially life-threatening condition
- Appropriate pupil interaction in school setting

Physician's Name (Print): _____

Physician's Signature: _____ Date: _____

Address: _____ Phone: _____

_____ Fax: _____

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PARENT REQUEST FOR MEDICATION SELF ADMINISTERED BY STUDENT AND REQUIRING SPECIAL STORAGE

Participant's Name: _____ Birth Date: _____

I, the undersigned, who is the parent/guardian of the above named student, request and authorize the staff of (ORPD) to store my child's medication at the ORPD site. As indicated in the physician's statement above, my child will self-administer his/her own medication when required, and I am not requesting ORPD personnel to assist in the administration of my child's medication.

My child will need to self-administer his/her medication during ORPD programming because he/she suffers from the following condition: _____.

My child will need to take his/her medication _____ (number of times per day) with the following special instructions:

I request that my student's medication be stored in the following manner _____ (type of storage required)

I understand that in order to have my child's medication stored with ORPD, I am required to place the medication in a locked container to which only my child will have access. Such container must be provided prior to the Recreation Supervisor consenting to the storage of the medication.

Parent/Guardian Signature: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____