Authorization for the Administration of an Epi-Pen or Asthma Inhaler by Camp and Program Personnel

Mansfield Parks and Recreation

The Town of Mansfield Parks and Recreation day camps and designated (department approved) programs require a written medication order of an authorized prescriber (physician, advanced practice registered nurse or physician's assistant) and parent/guardian written authorization for staff trained in the administration of EpiPens and/or Inhalers to administer medication during camp or designated programs. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist. A parent or responsible adult must bring the medication to the Camp Director, Assistant Camp Director or Program Supervisor. For Self-Administration of Medication please see the last section of this page.

Prescriber's Authorization

Participants Name: _____ DOB: _____

Medication/Food Allergies ☐ No ☐ Yes _____

Medication Name: _____ Generic Name: _____

Condition for which drug is being administered: _____

Dose: _____ Route of administration: _____

Frequency/Time of Administration: _____ If PRN, frequency: _____

Relevant side effects: ☐ None expected ☐ Specify: _____

Medication shall be administered from: _____ to _____

Month/Day/Year Month/Day/Year

Prescribers Name/Title: (type of print) _____

Telephone: _____ Fax: _____

Address: _____

_____

Prescriber's signature: _____ Date: _____

Use for Prescriber's Stamp

PARENT / GUARDIAN AUTHORIZATION

I hereby request that the above ordered medication be administered by Camp or Program Personnel. I understand that: I must supply the camp/program with a supply of medication; and this medication will be destroyed if not picked up within one week following termination of the order or the last day of the program, whichever comes first. By signing below, I give my permission for the exchange of information between the prescriber and the Camp/Program Supervisor to ensure safe administration of such medication.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian Home/Cell Phone #: _____ Work #: _____

SELF-ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be reviewed and/or approved by the Camp or Program Supervisor in accordance with policy. For example, asthma inhalers and Epi-pens for sting or nut allergies may be self- carried. Controlled drugs may not be self-administered, except in extraordinary situations with the pre-approval of the medical advisor and Camp or Program Supervisor.

Prescriber's authorization for self-administration ☐ Yes ☐ No _____ (Signature) _____ (Date)

Parent/Guardian authorization for self-administration ☐ Yes ☐ No _____ (Signature) _____ (Date)

Program Director review/approval for self-administration ☐ Yes ☐ No _____ (Signature) _____ (Date)

Approved K.Dardick, MD 6/13/2013