



**MEDICAL-AUTHORIZATION
FOR SELF-ADMINISTRATION OF MEDICATION
AT VANCOUVER-CLARK PARKS AND RECREATION PROGRAMS**

We recognize that some children may need to carry and self-administer medication. A participant who carries and self administers these medications must complete this EXCEPTION FORM, in addition to signing a Release/Hold Harmless and Indemnification Agreement. In addition, in order to allow the child/participant to carry and self-administer medication, she/he must have been instructed and monitored on proper technique by the child/participant's health care provider before bringing the medication to the Vancouver-Clark Parks and Recreation program site(s).

Whenever possible, the parent/guardian and physician will design a schedule for giving medication outside of recreation program hours. Medication is ordered to be given to a participant at recreation programs only when necessary. Medication unless otherwise directed will be kept in a designated secure area and administered by the child/participant at the leader or other City personnel's reminder.

PHYSICIAN'S ORDERS

Name of patient: _____ Birth Date: _____
Name of medicine: _____ Form and dose: _____
Diagnosis for which medication is given: _____
If medication is to be given DAILY, at what time? _____
If medication is to be given "WHEN NEEDED", describe indications: _____

How soon can it be repeated? _____
Patient may may not keep medication (non-scheduled only) on person and self-administer.
Side effects of drug (if any) to be expected: _____
Length of time this authorization is valid: _____
Further instructions (possible reactions, emergency procedures for side effects, etc.) _____

Date: _____ Health Care Provider Signature: _____
Health Care Provider Name (print or type): _____
Phone: _____ Fax: _____

PARENT'S PERMISSION

I request that my child be allowed to take medication as described above. The medication is to be furnished by me in the **original container**. Prescription medications must be labeled by the pharmacy with the name of the patient, health care provider, medication, dosage, and the time of day to be given. If prescription label is in a language other than English, an English translation must be included. I understand that my signature indicates my understanding that the City accepts no liability for reactions when the medication is self-administered in accordance with the physician's directions. This authorization is good for the current program only. Any change in medication or dose or time must be handled as a new medication, and a new form completed by both parent and physician. I am the parent or the legal guardian of the child named.

Date: _____ Signature of parent or guardian: _____
Parent phone: (work) _____ (home) _____