

## **KNIGHTDALE PARKS AND RECREATION ADMINISTRATION OF MEDICATION**

Dear Parents:

The safety and well being of your child participation in a Town of Knightdale Parks and Recreation program is of utmost concern. For this reason, policies for the administration of medications have been designed to protect participants. Only those medications that are medically necessary and cannot be scheduled outside the hours of the Recreation Program will be given during the Recreations Program.

Parks and Recreation employees only administer medication to students if:

1. The "Town of Knightdale Permission to Administer Physician Prescribed Medication" Form (#1) is completed and in the possession of the Parks Recreations staff.
2. The pharmacist or physician's label, which must be on the bottle, will serve as the physician's order.
3. No medication will be given by a Park's and Recreation employee unless it is in a container dispensed by a pharmacy with the student's name , name of medications, the date the prescription was filled and **DIRECTIONS ARE CLEARLY MARKED.**

### **It is the Parent/Guardian's Responsibility To:**

1. Sign the Parent Request on Form #1 and return to the Recreation Program staff.
2. Provide medication in a current prescription container, which includes the child's name, medication name, dose and time to be given, how it is to be administered and the physician's name.
3. Have the pharmacist label two containers-one for home use and once for use while the child is a Recreation Program participant-if a child is to receive medication at both sites.
4. Provide new, labeled containers when medication changes are made.
5. Parents/Guardians **MUST** transport medication to Program site.
6. Medications will not be stored over the weekends and empty containers will be disposed of by Recreation employees (unless otherwise instructed.)

## MEDICATION RULES AND PROCEDURES

Objective: To provide for safe administration of medicines that is necessary for a student's well-being and ability to function in a Parks and Recreation setting and cannot be scheduled outside the school day. **It is important that parent's understand that Parks and Recreation employees are not medically trained personnel.**

### \* PARKS AND RECREATION RESPONSIBILITIES

- A. Parks and Recreation employees may administer medication to participants:
1. Children may need to take short-term medication after an acute illness. If a child is symptom free and has the doctor's written permission to return to the Program, they may do so and have the medication administered as indicated on the current pharmacist's label. The pharmacist's label and Form #1 must be signed by the parents and will authorize the Recreations staff to administer prescribed medications.
- B. The Recreations supervisor shall be responsible for receiving the request and for monitoring the administration and maintenance of medication. The following conditions apply when medication is to be administered by Recreation personnel.
1. In the case of long-term medications, requests on Form #1 must be updated at the beginning of a Recreation Program and any time there is a change in the prescribed dosage.
  2. The Recreation Program's supervisor will be responsible for the security and/or administration of medication.
  3. No one at a Recreations program can be required to administer medications. We will try to accommodate the administration of prescription medication.
  4. No medication will be given by a Parks and Recreations employee unless it is in a current container dispensed by a pharmacy with the participant's name, name of medication, the date the prescription was filled and directions clearly marked. The medications label must match the name and dose of medication listed on Form #1. **Staff will not administer medication if it is not currently listed on the Form #1.**
  5. Medications will be kept locked in a secure place. Medicines required refrigeration will also be secured.
  6. All long-term medications received by the Program Supervisor will be recorded on the Form #1 registration/medical information form including the name and dose of the medication, person administering the medication, the doctor's name and time of administration.
  7. The person administering medication will keep a written record of dates and times of administration (Form #1).
  8. Only oral medications will be administered. When an injection of a medication is ordered by a physician for a child in an **emergency situation** (i.e., severe allergic reaction). The Recreation Director will make certain that Recreation personnel designated to administer this have been properly trained in the procedure by a medically licensed Nurse and parents.

At the middle school and higher level, participants may self-medicate with prescription or over-the-counter medicines. Should there be concern or questions about the appropriateness of self-administered medication. Recreation personnel should consult with the participant's parent/guardian. The parent/guardian must notify Recreation program staff and complete the Form #2 if a participant is to self-medicate with over-the-counter drugs.

- C. It is the responsibility of the parent to bring the medication to Recreation program.  
D. The child should come to designated recreation staff to receive their daily prescription medication.

**\* PERSONNEL DEPARTMENT RESPONSIBILITIES**

1. The Personnel Department will review medication policies with designated recreation staff and periodically monitor any procedural changes for medication administration.
2. A Licensed Nurse will be involved in instructing Recreation personnel in proper procedures for administering any injection ordered by the physician and in developing an Emergency Medical Information Plan for those children requiring an injection in an emergency situation.
3. A Licensed Nurse will assist Recreation personnel in disposing of any/all leftover medications after the Recreation Program ends.

**PROCEDURES FOR PARKS AND RECREATION PERSONNEL TO FOLLOW IN  
MAINTAINING/ADMINISTERING MEDICATIONS**

**\*STORAGE OF MEDICATIONS**

Medications, except those requiring refrigeration, must be kept locked in a secure place, such as a file cabinet or desk drawer.

Medication containers must be kept separated by a manila envelope or a zip-lock bag with the participant's name on the outside.

**\*ADMINISTRATION OF MEDICATION**

- A. Verify that the completed "Permission to Administer Prescribed Medication" (Form #1) for the participant matches the information on the medication label located on the container.
- B. Make sure medication is given at the right time and in the correct dosage according to Form #1 and the directions on the pharmacist's label.

Ask each child to state his name and triple check medication:

- Check container prescription label with permission Form #1
  - Pour medicine, check label on bottle again
  - Give medicine, recheck label the 3<sup>rd</sup> time
  - Correctly complete Form #1 with date, time and signature
- C. Avoid touching the medication. Pour tablet onto lid or directly onto participant's hand.
  - D. Observe the student taking the medication.
  - E. Document and sign the Form #1 immediately that medication was given.
  - F. If a child fails to come to the designated staff member to receive the medication, Parks and Recreation personnel will locate or verify child's absence.

**\* DOCUMENTATION (except for those participants self-medication).**

**NOTE:** If inhalers are kept with the Recreation staff, rather than the participant, the staff must have a parent signed copy of Form #1, and should complete the form when the child uses the inhaler. If inhalers are kept with the child, then Form #2 has to be completed.

**\* DOCUMENTATION (except for the participants self-medication) Cont.**

- A. Daily Inhaler Documentation Includes:
  1. Complete Form #1 when inhaler is administered.
  2. Initials of person giving medication under correct week date.
  3. Time medication was given under appropriate initials and week date.
- B. Medication, including inhalers will not be stored over weekends and holidays.

**\* RECORD RETENTION**

- A. "Permission to Administer Physician Prescribed Medication" (Form #1) should be arranged in a single notebook, alphabetized by participant's last name and kept with their emergency contact information.
- B. A weekly updated listed of participants on medication should be kept at the front of the medication notebook for the purpose of identifying students and making sure they receive medication daily as prescribed. This will give Recreation personnel quick review on a daily basis.
- C. Records are to be kept confidential and are to be accessible only to authorized Recreation personnel.

**\* WHEN MEDICATIONS ARE DISCONTINUED**

- A. There should be no remaining medication. The parent should pick up the medication directly from the Program site.
- B. If parent does not retrieve medication within 1 week after the program has ended, the full-time program supervisor will witness appropriate disposal of medication and document on Form #1 with signature.
- C. Daily Medication Records must be filed and kept for 3 years. "Permission to Administer Physician Prescribed Medication" (Form #1) records must be turned into the Parks and Recreation Director upon termination of medication administration.
- D. Form #1, which indicates daily medication records, must be kept for 3 years in the Parks and Recreation Department.

**PERMISSION TO ADMINISTER PHYSICIAN PRESCRIBED MEDICATION  
TOWN OF KIGHTDALE PARKS AND RECREATION DEPARTMENT  
(FORM #1)**

We encourage all parents/guardians to administer all physicians' proscribed medication(s) to their children before or after a Parks and Receptions sponsored program. We understand that some unusual cases may arise and the programs part-time/full-time supervisor may be requested to administer medication. We want parents to check with their physician and see if the regiment can be changed, i.e. In some cases doses might be doubled before or after camp to avoid the necessity to administer during camp. By completing the information below we will, in some circumstances, authorize the Town's part-time/full-time supervisor to administer physician's prescribed medications(s) that are stored in current prescription bottle(s).

**PARENTAL AUTHORIZATION TO ADMIISTER PHYSICIAN PRESCRIBED MEDICATION**

Child's Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Side Effects \_\_\_\_\_

Physician's Name & Phone # \_\_\_\_\_

Times to be given \_\_\_\_\_

Dates to be given \_\_\_\_\_

Guardian/Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR STAFF ONLY**

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DATE	WEEK 1					
	WEEK 2					
	WEEK 3					
	WEEK 4					
	WEEK 5					
	WEEK 6					
	WEEK 7					
	WEEK 8					
TIME	WEEK 1					
	WEEK 2					
	WEEK 3					
	WEEK 4					
	WEEK 5					
	WEEK 6					
	WEEK 7					
	WEEK 8					
SIG.	WEEK 1					
	WEEK 2					
	WEEK 3					
	WEEK 4					
	WEEK 5					
	WEEK 6					
	WEEK 7					
	WEEK 8					

**TOWN OF KNIGHTDALE PARKS AND RECREATION DEPARTMENT  
PERMISSION TO SELF-MEDICATE  
(FORM #2)**

We encourage all parents/guardians to give their your any necessary physician prescribed medications before or after a Parks and Recreation sponsored program. We want parents to check with their physician and see if the regiment can be changed, i.e. in some cases does might be doubled before or after camp to avoid the necessity to administer during camp. However, we understand that due to program duration of thither unusual circumstances, the need may arise for your youth to self-medicate during one our programs. By completing the information below, we will, in some circumstances, authorize your youth to self-administer physicians prescribed medication(s) that are stored in a current prescription bottle or required over-the-counter medication. The youth should only bring one day's dose of authorized medication in a current prescription bottle. The Town staff may opt to store certain medicine for your youth on a daily basis.

**PARENTAL AUTHORIZATION TO ADMINISTER PHYSICIAN  
PRESCRIBED MEDICATION**

Child's Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Side Effects \_\_\_\_\_

Physician's Name & Phone # \_\_\_\_\_

Times to be given \_\_\_\_\_

Dates to be given \_\_\_\_\_

Guardian/Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_