

Dear Parent/Guardian;

The following regulations must be adhered to should your child require medication while participating in the summer recreation program(s).

- In Connecticut, licensed camps administering medications to children must comply with all requirements regarding the Administration of Medications described in the Connecticut State Statutes and regulations. State law requires a written order from your physician, authorized prescriber, or dentist for ALL medications, including over-the-counter preparation. (i.e. Tylenol, Dimetapp)
- Parent/guardian written authorization for a recreation department staff member to administer prescribed medication during the program is required.
- Medication is to be in a pharmacy-prepared container only and properly labeled, with the child's name, name of medication, directions for administration, and the date of the prescription.
- Over-the-counter preparations are to be left in the original container and also properly labeled.
- Medication ordered to be administered once, twice, or three times a day should be given at home unless the physician specifies that it be administered during the recreation program hours.
- The parent/guardian or another designated adult must bring medication to the recreation office, before your child can participate in the program. Children are not allowed to carry medication to camp.
- No more than a 34 day supply of any medication can be left at a site. Parent/Guardian must pick-up all medication when the prescription is finished or the medication will be disposed of by the staff.
- At the end of the program, medications will be kept in the Recreation Office for 2 weeks for pick-up. After 2 weeks, all medications will be dropped off at CVS for medical waste disposal.

A child requiring medication will receive such medication from the program nurse or staff personnel who have received medication in-service training from a Registered Nurse or Licensed Practical Nurse. Parents may choose to come to the program to medicate their child. In that case, the above procedure would not apply. All medication must be dispensed under the supervision of the appropriate staff person.

If you have any questions or concerns, please call Karen at 860.638.4502.

MEDICATION FORM

AN ATTACHED PHOTO OF YOUR CHILD IS RECOMMENDED

Name of Youth Program: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Condition for which drug is being administered: \_\_\_\_\_

MEDICATION NAME: \_\_\_\_\_ Controlled Drug: YES or NO

Dose to be administered: \_\_\_\_\_ Method: \_\_\_\_\_

Time(s) of administration: \_\_\_\_\_

Relevant side effects to be observed; if any: \_\_\_\_\_

Plan of management for side effects: \_\_\_\_\_

Other instructions for administration: \_\_\_\_\_

Length of time be administered: Dates ~ FROM \_\_\_\_\_ TO \_\_\_\_\_

Known Food or Drug Allergies: \_\_\_\_\_

NAME OF PRESCRIBER: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_



**PRESCRIBER'S SIGNATURE:** \_\_\_\_\_

AUTHORIZATION OF PARENT/GUARDIAN

(Administration of above medicines by program personnel)

To: Middletown Recreation \_\_\_\_\_ Date: \_\_\_\_\_

I hereby request that medication be administered to my child as described and directed above. I acknowledge that said medication may be administered by trained camp personnel as opposed to medical personnel. I understand that any medical information regarding my child's well-being will be shared with staff.

Printed Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_



**PARENT'S SIGNATURE:** \_\_\_\_\_