

Medication Distribution Guidelines

Medication Procedures

The following are procedures for the distribution of medication. The majority of the time medication distribution is provided to participants who, for whatever purpose, cannot properly take their prescribed medication during an agency-sponsored program. The majority of participants on medication are able to take their own and need no direct involvement of a staff member. In the case where the participants need assistance (staff members dispensing medication) the following guidelines should be followed:

I. Parental Procedures and Responsibilities

The parent/guardian **must**:

1. Complete the Permission to Dispense Medication/Waiver and Release of All Claims form;
2. Complete and sign the Medication Dispensing Information form;
3. Deliver all medication to the NWCSRA office in the original prescription bottle or in clearly marked containers which include the person's name, medication, dosage, and time of day medication is to be given;
4. Verbally communicate with agency staff regarding specific instructions for medication.

II. Staff Medication Dispensing Procedures

Agency program staff **must**:

1. Ensure that the Permission and Waiver to Dispense Medication Form and medication and Dispensing Information form are fully completed and signed by the parent/guardian prior to the dispensing of any medication;
2. Ensure that only authorized staff accept medication which may include the Executive Director, Program Coordinator, Recreation Specialist, HR/Training Manager, Administrative Coordinator or other designated staff;
3. Verbally communicate with the parent or guardian regarding any specific instructions regarding the dispensing or storage of the medication; it is also the responsibility of authorized staff who receives medication to properly store medication in a locking cabinet or in a refrigerator as needed. **It is extremely important that stored medication is out of the reach of other patrons and particularly children.**

4. Obtain copies of all waivers, internal procedures, medical information forms, and medication logs when obtaining the prescription medication to be transported to the program site. All medication stored at a program site must be secured and only available to authorized program staff.
5. Program Supervisors responsible for dispensing medication must strictly follow all written instructions on the medical information form, individual dose envelopes, and any information contained on original prescription container labels. In the event that conflicting dispensing information exists, medication should not be administered until the parent, guardian, or physician are reached by phone to obtain specific instructions.
6. Unless otherwise arranged, only paid and trained agency staff will be allowed to dispense medication.
7. Agency staff responsible for dispensing medication will fully complete the medication information contained on the medication log form. Medication dispensing logs should be completed until medication dispensing has ceased and completed medication logs should be turned into NWCSRA and kept in a permanent file for at least three years at the conclusion of the program.

Medication Dispensing Information

This form must be completed for each program session or when medication changes.

BACKGROUND INFORMATION:

Participant's Name: _____ Birthdate: _____

Address: _____

Parent's/Guardian's Name(s): _____

Daytime Phone: _____ Cell Phone: _____

Doctor's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Program Name: _____

MEDICATION INFORMATION:

1. Name: _____ Dose: _____ Time: _____

Dispensing Instructions: _____

Possible Side Effects: _____

2. Name: _____ Dose: _____ Time: _____

Dispensing Instructions: _____

Possible Side Effects: _____

3. Name: _____ Dose: _____ Time: _____

Dispensing Instructions: _____

Possible Side Effects: _____

Other pertinent information: _____

I understand it is my responsibility to give the medication directly to the Program Supervisor/Head Instructor with full instruction in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also acknowledge that it is my responsibility to inform the agency if any changes in the dispensing of medication changes.

Signature of Parent or Guardian

Date

Signature of Adult Participant

Date

Northern Will County Special Recreation Association
Permission and Waiver to Dispense Medication

The Northern Will County Special Recreation Association will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

Name of Program: _____ Date: _____

I, _____ the parent/guardian of _____
(Print name) (Print name)

give permission to the staff of the Northern Will County SRA to administer to my child

(Name of medication)

I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

Participant's Name:

Name of Medicine and complete dosage instructions:

In all cases the recommended dosage of a medication will not be exceeded. In after administering medication there is an adverse reaction, I give my permission to the NWCSRA staff to secure from any licensed hospital physical and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly, administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

Northern Will County Special Recreation Association
Permission and Waiver to Dispense Medication

In consideration of the Northern Will County Special Recreation Association administering medication to my minor child, I do hereby fully release or discharge the Northern Will County Special Recreation Association, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

Signature of Parent or Guardian

Date

Signature of Adult Participant

Date

Northern Will County SRA
MEDICATION LOG
YEAR: _____

NOTE: Medication directions given verbally by parent/guardian must be written down in the space provided on this sheet.

Participant's Name: _____ **Program:** _____ **Season:** _____

Medication: _____ **Dosage:** _____

(Only one medication per chart)

Date:							
Time							
Initials							

Verbal Directives:

Parent's/Guardian's Initial: _____ **Date:** _____ **Time:** _____

Participant's Name: _____ **Program:** _____ **Season:** _____

Medication: _____ **Dosage:** _____

(Only one medication per chart)

Date:							
Time							
Initials							

Verbal Directives:

Parent's/Guardian's Initials: _____ **Date:** _____ **Time:** _____

Participant's Name: _____ **Program:** _____ **Season:** _____

Medication: _____ **Dosage:** _____

(Only one medication per chart)

Date:							
Time							
Initials							