

# IN-PROGRAM MEDICATION ADMINISTRATION

For Office Use Only

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Approval Signature/Date

Dear Parent:

If your child is receiving any prescription/over-the-counter medication while participating in the KidzQuest and Middle School Mania Program, please read and complete the following procedures:

- **All medication will be self-administered.**
- The following forms must be completed with the necessary information and signatures.
- All forms need to be submitted to Community Recreation Services staff and approved by Unit/Division Nurse. Please allow 5-10 business days for processing.
- It is your responsibility to make alternate arrangements for administration of any medication prior to completion and approval of this process.
- All containers with medication must be appropriately labeled with the participant's name and medication type.
- Only single dosage will be accepted daily.

**Name of Participant:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** F \_\_\_\_\_ M \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Phone Number:** (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Activity Center Program:** \_\_\_\_\_ **Before/After/Intersession/Summer**

1.	Name of medication	
	Dosage on bottle	
	Dosage child received (# tablets/tsp.)	
	Time administered	
	Possible side effects	
2.	Name of medication	
	Dosage on bottle	
	Dosage child received (# tablets/tsp.)	
	Time administered	
	Possible side effects	
3.	Name of medication	
	Dosage on bottle	
	Dosage child received (# tablets/tsp.)	
	Time administered	
	Possible side effects	

**Physician's Signature:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail/Fax Form to:  
 Virginia Beach Department of Parks & Recreation  
 Community Recreation Services  
 City-Wide Programs Office  
 2289 Lynnhaven Parkway  
 Virginia Beach, VA 23456  
**Phone: (757) 385-0400 Fax: (757) 471-2330**

## Physician's Authorization For the Self-Administration of Specialized Procedures

Name of Participant: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Activity Center Program: \_\_\_\_\_

1.	Physical condition for which the standardized procedure is to be performed: (i.e., catheterization)	
2.	Name of standardized procedure	
3.	Precautions, possible untoward reactions, and interventions	
4.	Time schedule and/or indication for the procedure	
5.	The procedure is to be continued as above until . . .	Date:

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Physician's Signature/Phone Number Date

I hereby request that the treatment specified above be performed to the above named child.

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Parent's Signature /Phone Number Date

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 Virginia Beach, VA 23456  
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## Procedure for Self-Administered Medication/Equipment

- This contract must be signed by the parent and Community Recreation Services staff.
- Community Recreation Services staff will lock up the medication or equipment.
- Community Recreation Services staff will contact parent immediately if any problem arises concerning this medication or equipment.
- Community Recreation Services staff will not be responsible for equipment if broken.
- Accommodations will be made as necessary.
- If the Division Nurse has any concerns with medication or specialized procedures, she will discuss them with doctor and/or parent.
- If medication and/or a specialized procedure changes, an updated In-Program Medication Administration Form or Physician's Authorization for Self-Administration of Specialized Procedures Form must be completed and submitted for approval before the medication or specialized procedure can be self-administered.

### Medication:

- If a child requires medication, an In-Program Medication Administration Form must be completed and signed by a physician and parent.
- Parent will measure medication dosage at home.
- Parent/participant will bring single dosage to be administered during the program at (please specify time frame) \_\_\_\_\_, clearly marked as to the type and dosage of same.
- At specified time, the Community Recreation Services staff will hand the medication to the participant and she/he will oversee the taking of this same medication by checking visually under participant's tongue/in mouth.
- The Community Recreation Services staff will document that the medication was self-administered on a Medical Issue Log and send the log in each week to their District Specialist.
- Any unusual side effects will be reported immediately to parent and District Specialist.

### Specialized Procedures:

- If a participant requires a specialized medical procedure (ie: catheterization), a Physician's Authorization for the Self-Administration of Specialized Procedures Form must be completed and signed by a physician and parent.
- It is the parent's responsibility to educate their child in regards to this procedure. If the Division Nurse has any concerns with procedure she will discuss them with the physician and/or parent.
- Parent must understand that staff are not trained to use equipment and do not have legal authority to do so.

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I, \_\_\_\_\_, agree to adhere to the procedures stated above.

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Parent's Signature

Date

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Community Recreation Services Staff Signature

Date