In-Program Medication & Specialized Health Care Procedures

Policy & Forms

1. VBPR/TRP will not administer any medication until the appropriate form has been completed. It is the parent/guardian responsibility to make alternate arrangements for administration of any medication, if the form is not completed prior to start of the program/activity.

2. Full-time Therapeutic Recreation Staff have taken the Medication Administration Training (MAT) course, which is approved by the Board of Nursing and Virginia Department of Social Services, for best practice techniques for the administration of medications. Documentation of all medication administration will be recorded appropriately.

3. One “In-Program Medication Form” with physician’s signature is required in advance for each medication, including non-prescription and topical medications which are to be administered during the program/activity.

4. Only one week’s dosage of medication in its original pharmaceutical container, with the participant’s name and correct dosage will be accepted. Specific program/activity packaging (i.e. bubble pack) from the pharmacy is acceptable. Medications and/or medical devices will be stored on-site in a locked storage box.

5. Parent/Guardian must supply the medication package insert or copy of the pharmacy print out for the medication prescribed.

6. Emergency seizure medication, such as diazepam rectal gel, cannot be administered by VBPR/TRP staff. The medication can be stored on-site and provided to Emergency Services personnel in the event of prolonged seizure activity.

7. Every effort is made to ensure that the medication is taken as directed. Participants and their parent/guardian are solely responsible for ensuring that adequate medication and tools are provided to staff with instructions for distribution.

8. A “Physician’s Authorization for Specialized Health Care Procedures Form” with physician’s signature and parent/guardian consent is required for specialized health care procedures, such as G-tube feedings/flush, in order for care to be provided by VBPR/TRP staff for the duration of program/activity.

9. Supplies/equipment for specialized health care procedures must be supplied by the parent/guardian.

10. Parent/Guardian will be contacted immediately for circumstances such as participant refuses medications, adverse reactions or possible side effects are observed, participant g-tube is removed from abdomen, or equipment is not working properly.
Virginia Beach Department of Parks and Recreation
Therapeutic Recreation Programs

IN-PROGRAM MEDICATION
One form per medication
**Fax Copies are not accepted**

Participant Name: __________________________  Date of Birth: __________________

Virginia Beach Department of Parks and Recreation, Therapeutic Recreation Programs (VBPR/TRP)
in-program medication reminders:

- VBPR/TRP will not administer any medication until the appropriate form has been completed. It is the parent/guardian responsibility to make alternate arrangements for administration of any medication, if the form is not completed prior to start of the program/activity.
- One “In-Program Medication Form” with physician’s signature is required in advance for each medication, including non-prescription and topical medications which are to be administered during the program/activity.
- Only one week’s dosage of medication in its original pharmaceutical container, with the participant’s name and correct dosage will be accepted. Specific program/activity packaging (i.e. bubble pack) from the pharmacy is acceptable. Medications and/or medical devices will be stored on-site in a locked storage box.
- Parent/Guardian must supply the medication package insert or copy of the pharmacy print out for the medication prescribed.
- Emergency seizure medication, such as diazepam rectal gel, cannot be administered by VBPR/TRP staff. The medication can be stored on-site and provided to Emergency Services personnel in the event of prolonged seizure activity.

I hereby understand the VBPR/TRP medication procedures during programs as described above and agree to notify the program supervisor in writing of any changes in medication, dosage, etc.

Parent/Guardian Name: __________________________ Signature: __________________ Date: ______

- Name of Medication: ______________________________________________________
- Amount/Dosage of Medication: _____________________________________________
- Route of Administration: __________________________________________________
- Frequency to be Administered: _____________________________________________
- Reason for Medication: ____________________________________________________
- Symptoms that will necessitate administration (if applicable): __________________
- Possible side effects: ________________________________________________________

Physician/Health Care Provider
Therapeutic Recreation Programs requires signed authorization from a physician for prescription & over-the-counter in-program medication.

Physician Signature: __________________________  Date: __________________

Please write legibly or stamp:
Practice/Clinic Name: __________________________  Address: __________________________
Phone: __________________________  Fax: __________________________  E-mail: __________________________

P&R Staff ONLY: Signature: __________________________  Date: __________

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Virginía Beach Department of Parks and Recreation
Therapeutic Recreation Programs

PHYSICIAN’S AUTHORIZATION for
SPECIALIZED HEALTH CARE PROCEDURES
**Fax Copies are not accepted**

Participant Name: ___________________________ Date of Birth: ___________________________

Virginia Beach Department of Parks and Recreation, Therapeutic Recreation Programs (VBPR/TRP)
specialized health care procedures reminders:

- A "Physician’s Authorization for Specialized Health Care Procedures Form" with physician’s signature and
  parent/guardian consent is required for specialized health care procedures, such as G-tube feedings/flush, in
  order for care to be provided by VBPR/TRP staff for the duration of program/activity.
- Supplies/equipment for specialized health care procedures must be supplied by the parent/guardian.
- Parent/Guardian will be contacted immediately for circumstances such as participant refuses medications,
  adverse reactions or possible side effects are observed, participant g-tube is removed from abdomen, or
  equipment is not working properly.

I hereby request that the procedure specified above be performed by Parks and Recreation,
Therapeutic Recreation staff to the above named participant.

Parent/Guardian Name: ___________________________ Signature: ___________________________ Date: ______

- Name of specialized procedure ___ G-Tube Feeding ___ G-Tube Flush
  ___ Nebulizer ___ Other: _____________________

- Time(s) for procedure to be given : ___________________________

- Indication for the procedure: _________________________________
  ____________________________________________________________

- Precautions, possible reactions, and interventions: _________________________
  ____________________________________________________________

Physician/Health Care Provider

Therapeutic Recreation Programs requires participant to obtain signed authorization from a physician for specialized health care
procedures.

Physician Signature: ___________________________ Date: ___________________________

Please write legibly or stamp:
Practice/Clinic Name: ___________________________ Address: ___________________________
Phone: ___________________________ Fax: ___________________________ E-mail: ___________________________

P&R Staff ONLY: Signature: ___________________________ Date: ____________

Updated 3/15/2016