

**TOWN OF GROTON
PARKS AND RECREATION DEPARTMENT
AUTHORIZATION FOR THE DISPENSATION OF MEDICATION**

Only medications which are medically necessary and cannot be scheduled outside the hours of the Parks and Recreation program will be given during the program. Every effort should be made by the parent/guardian to administer medication prior to or after program hours. If this is not possible, then staff will dispense medication according to the information provided by the parent/guardian and the child's physician on this authorization form.

All medications will be self-administered as the staff and volunteers of the Parks and Recreation Department are NOT trained to administer medication. If your child is on medication or requires medication in the event of an emergency, parent/guardian MUST provide the following information and are responsible for updating this information if changes should occur:

IF CHILD WILL NEED TO TAKE MEDICATION DURING PROGRAM HOURS (Ritilin, prescription drug, etc.)

1. Complete the "Authorization for Dispensation of Medication" form attached.
2. Understand that at least one dose of the prescription medication is to be administered at home.
3. The parent/guardian will be asked to provide program staff with a pre-measured dosage for one day of the prescribed medication which must be in the original container and properly labeled by a physician or pharmacist. Over-the-counter medication must be dispensed from its original container and shall not exceed the amount and frequency specified on the bottle unless specified by a physician. Only a single dosage of the medication will be accepted each day and the container will be returned with your child at the end of each day.

IF CHILD REQUIRES MEDICATION IN THE EVENT OF AN EMERGENCY (Epi Pen, asthma inhaler, etc.)

1. Complete the "Authorization for Dispensation of Medication" form attached.
2. If your child requires an Epi Pen, you must provide a WRITTEN TREATMENT FORM from your physician or allergist which most physicians/allergists will have. It should include:
 - Patient's name, date of birth, address and telephone
 - Physician's name and telephone
 - Specific condition, allergy, etc.
 - Description of symptoms
 - What to do - specific step by step instructions of how to administer medication if we believe the child has ingested or come into contact with something he/she is allergic to, or if the child is manifesting symptoms.
3. Parent/Guardian will be asked to provide the program staff with one pre-measured dosage of the prescribed medication which must be in the original container and properly labeled by a physician or pharmacist. Program staff will keep the dose in a specified location for the duration of the child's participation in the program. The unused container will be returned at the conclusion of the program.

POLICY FOR CHILDREN WITH FOOD ALLERGIES:

- The primary safeguard for a child with food allergies is for the child to consume only food/snacks that he/she brings to the program each day.
- Staff will enforce strict "no food sharing" rules. Table surfaces will be washed clean and children will wash hands after food/snacks.
- The Parks and Recreation Department staff assumes the child with an allergy has been instructed by the Parent/Guardian(s) not to touch, trade, or share food with anyone else.
- The written treatment plan of emergency procedures for your child's food allergy and instructions for administering the Epi Pen are REQUIRED. Staff is not certified in this procedure, but will use the instructions to ASSIST THE CHILD in an emergency if necessary.

The program staff needs to be prepared to handle an emergency situation. Therefore, the forms must be on file with the Parks and Recreation Department BEFORE your child attends a program.

If you have any questions, contact the Town of Groton Parks and Recreation Department at 860-536-5680.

**TOWN OF GROTON
PARKS AND RECREATION DEPARTMENT**

**AUTHORIZATION FOR THE DISPENSATION OF MEDICATION
(For allergies requiring an Epi Pen a written Treatment Form from your Physician/Allergist is required)**

Child's Name _____ Date _____

Address _____ Date of Birth _____

Parks and Recreation Program(s): _____ Dates/Session _____

Location of Program(s): _____

I, _____, the parent/guardian of _____, hereby request that identified members of the Town of Groton Parks and Recreation staff be caretakers of prescribed medication and to dispense the prescribed medication as prescribed by my child's physician to my child named above. I hereby authorize the Town of Groton Parks and Recreation Department staff to dispense these medications as prescribed.

Physician's Name _____ Telephone _____

I, parent/guardian of _____, understand the following:

- Members of the Parks and Recreation staff are instructed to take any medication from the child (pre-measured dosage of the prescribed medication, in the original container, and properly labeled by a physician or pharmacist) upon arrival at the Parks and Recreation program and to secure it in a safe location.
- At a prescribed time, a staff member will retrieve the medication and hand it to my child in the container. The staff member will then watch my child take the medication and will keep a record of my child's name, name of medication and time medication was administered.
- The staff who will dispense this medication are NOT medically trained.
- The medication will be destroyed if it is not picked up within one week following the termination of the order or one week beyond the end of the program the child is attending.

TO BE COMPLETED BY CHILD'S PHYSICIAN

If a child is on medication which needs to be dispensed during attendance at a Town of Groton Parks and Recreation Department program, or requires medication in the event of an emergency (i.e., food allergy, asthma, etc.), the child's physician MUST complete this section.

Child's Name: _____

Parks and Recreation Program: _____ Dates/Sessions: _____

Medical Condition: _____

Medication: _____

Dosage/Schedule: _____ Time for Dispensation _____

Special Instructions: _____

Side Effects/Toxic Effects: _____

Only those medications prescribed and listed by the physician will be accepted. Medications must be in the original pharmaceutical container and labeled with the child's name, name of medication, dosage, schedule, prescription number, date filled, expiration date, and prescribing physician's name.

Date of Order: _____ Duration of Order: _____
(If duration is less than current Parks and Recreation program, renewal of order may be necessary.)

Signature of Physician

Date

Printed name of Physician

TO BE COMPLETED BY CHILD'S PARENT/GUARDIAN

I hereby request the above medication for my child be dispensed by Town of Groton Parks and Recreation Department staff. I understand that I must supply staff with the prescribed medication in its original container dispensed and properly labeled by a physician or pharmacist and will provide no more than a one-day supply of said medication. I understand that the medication will be destroyed if it is not picked up within one week following the termination of the order or one week beyond the end of the last session of the program attended by my child.

I understand that the staff who will dispense this medication are not medically trained. I hereby state, without reservation, that I will not hold the Town of Groton Parks and Recreation Department, or any of its employees and/or volunteers, liable for any harm or injury which may be incurred by my child in connection with the assistance provided in connection with this authorized dispensation of medication for my child, or for damage and/or loss of medical equipment.

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

Parent/Guardian Address

Telephone