



Dear Parent or Guardian:

Thank you for registering with the Wethersfield Parks and Recreation Department for one or more summer camp program. The following programs have senior staff trained and authorized to administer certain prescription and non-prescription (over-the-counter) medications to participants **when we have proper documentation on file**. If your child will not need medication during the course of his or her day at one of these camps, then please disregard this notice.

- Camp Wanna-Do
- Awesome Adventures
- Camp Stuff-To-Do
- Creative Preschool
- Dance & Drama, Cheer Camp
- Eleanor Buck Wolf Nature Center's Nature Camp or Eco Camp

If your child brings to camp an Epi-Pen, inhaler, other prescribed oral or topical medication, or a non-prescribed (over-the-counter) oral or topical medication that may need to be administered during the program, then a Medication Authorization form signed by you and a physician must be on file.

Prescription and Non-Prescription Medication Authorization Forms are enclosed. Similar forms used by your daycare, school, or doctor are acceptable if they provide the same information. Separate forms must be submitted for each medication. **Please bring any completed forms and clearly labeled medications with you the first day you attend one of the programs listed above.**

The enclosed Administration of Medication Policy describes the responsibilities and procedures for us to work together to ensure the safety of your child. If you have any questions about administering medication to your child during camp, please contact the appropriate Program Director listed below:

- Eleanor Buck Wolf Nature Center: Christopher Shepard at 860-529-3075
- All other programs listed above: Mary Thibeault at 860-721-2950

Sincerely,

Kathleen A. Bagley
Director
Parks and Recreation Department
Town of Wethersfield

Wethersfield Parks & Recreation

Administration of Medication Policy

Wethersfield Parks & Recreation programs with appropriately trained staff may store and administer medications for program participants under certain conditions:

- Prescribed inhalers or epi-pens or other medications with parent's consent; and a doctor's authorization.
- Non-prescription oral medications with parent's consent and a doctor's authorization.

Authorization forms for each, which require a parent's and doctor's signature, are available from program staff.

Parent Responsibilities

- It is the parent's responsibility to inform program staff upon registration that their child has a prescribed inhaler, epi-pen, or other medication.
- Authorization forms are required to be signed by parent **and** physician before the program starts. They must include:
 - The child's name, address, and birth date.
 - The drug name.
 - The prescribed dose.
 - The method of administration.
 - The time to be administered.
 - The side effects.
 - The prescriber's name and address.
- Medications must be in their original container and clearly labeled.
- Parents must replace medications prior to the expiration date.

Staff Responsibilities

- All medications shall be kept in a locked box in a staff room inaccessible to children. Keys to the locked box shall be accessible only to personnel authorized to administer medication.
- At least two staff will be trained in the administration of medications for injectables as needed. Training will be good for 1 year. Under no circumstances will an untrained staff member be allowed to administer medications.
- Medication shall be administered only in accordance with the written order of the authorized prescriber. The first dose of any medication shall not be administered except in an emergency.
- Any unused portion of the medication shall be returned to the parent at the end of the program.
- Parents will be notified when/if a child has been administered any medication.
- Parent shall be notified immediately of any administration errors by telephone and in writing. The error shall be documented in the child's record.
- Staff will keep accurate documentation of all medications administered by completing the proper paper work, which will be kept in the program director's files. Individual administration records shall be written in ink and include:
 - The date the medication was administered.
 - The time it was administered.
 - The dose that was administered.
 - The signature of staff person administering the medication.
 - Any comments.

Wethersfield Parks & Recreation

Prescription Medication Authorization Form

Child's Name _____ Date of Birth _____

Address _____

I authorize the staff of the Wethersfield Parks & Recreation _____ program to administer the following medication as directed to the child named above.

Signature of Parent/Guardian Relationship Date

To be completed by authorized prescriber:

Name of medication _____

Prescribed dosage _____

Method of administration _____

Place to be administered _____

Time to be administered _____

Date medication is to be started _____ and stopped _____

Has child had any adverse reactions to this medication?

Not previously given _____

No _____

Yes _____ If yes, explain _____

Relevant side effects and plan for management if any occur _____

Name of Authorized Prescriber Signature Date

Address Telephone Number

Wethersfield Parks & Recreation

Non-Prescription (Over-the-Counter) Medication Authorization Form

Child's Name _____ Date of Birth _____

Address _____

I authorize the staff of the Wethersfield Parks & Recreation _____ program to administer the following medication as directed to the child named above.

Signature of Parent/Guardian Relationship Date

To be completed by parent/guardian:

Name of medication _____

Prescribed dosage _____

Method of administration _____

Place to be administered _____

Time to be administered _____

Date medication is to be started _____ and stopped _____

Has child had any adverse reactions to this medication?

Not previously given _____

No _____

Yes _____ If yes, explain _____

Relevant side effects and plan for management if any occur _____

Parent/Guardian Signature Date

Physician Signature Date

Address Telephone Number