



John Salomone
Town Manager

TOWN OF NEWINGTON

131 Cedar Street Newington, Connecticut 06111

Parks & Recreation Department

Bruce Till
Superintendent

Medication Administration Policy

Policy:

It is the policy of the Parks & Recreation Department to allow all program participants in our Summer Playgrounds, Playground Pals and Summer Music programs to self-medicate according to the orders of their own physicians.

Guidelines:

- **A child must have a completed copy of this form on file.**
- All medications, **both prescription and “over the counter”** (*Tylenol, Advil, etc.*) **must be accompanied by a written doctor’s order and in the original container.** The prescription container must identify the following: name of the drug, the dosage, how frequently to take it and how to take it. The container must also clearly identify the pharmacy where the prescription was filled and the name of the prescribing physician. **All medications, both prescription and “over the counter” must be given to the child’s counselor or teacher. Parks & Recreation staff** will provide reminders and assistance to children who need to self medicate.
 - Staff will remind child at time the medication is due
 - Staff will assist in opening safety-proof containers
 - Staff will help child obtain the correct number of pills or tablets needed
 - Staff will observe the child self-administer their medication and check to be certain that it was swallowed, inhaled, etc.
 - Staff (who supervised the medication administration) will keep proper documentation verifying that the medication was taken
- If there are children attending a program who require the use of inhalers or epi-pens, they should keep them easily accessible in a backpack or a fanny pack. The **Parks & Recreation staff** will assist and guide as needed.

Inhaler needed _____ Epi-Pen needed _____

(If “Yes” is indicated for Inhaler or Epi-Pen, Allergy Action Plan section of this form must be completed)

- Children who are taking antibiotics should have taken them for a full 24 hours before returning to the program. This is to observe that the child is not having any adverse reactions to the medication or is not contagious.

Authorization to Assist Program Participants in Self-Medication

The Newington Parks & Recreation Department requires a physician's written order and parent or guardian authorization for **Parks & Recreation staff** to assist children in self-mediations. **Both prescription and "over the counter" medications require a written doctor's order and a parent/guardian signature.**

PHYSICIAN'S ORDER

Date _____

Name of Child _____

Address _____ Date of Birth _____

Condition for which drug is being administered _____

Name of medication _____

Prescribed dosage _____ Method _____

Method of administration _____

Time to be administered _____

Date medication is to be started _____ and stopped _____

Relevant side effects _____

Plan for management of side effects _____

Has child had any adverse reactions to this medication?

____ Not previously given

____ No

____ Yes If Yes, please explain _____

Name of Authorized Physician

Signature

Date

Physician's Address

Phone Number

I hereby give permission for my son/daughter _____ to take the medication(s) listed above.

I understand that all medications must be in their original containers, must be labeled, and have specific directions for use on label. A prescription must include the prescription number, medication name, date filled, child's name, doctor's name, pharmacy and have an expiration date noted.

I hereby request that **Parks & Recreation staff** supervise and assist my child in **self-medication** as ordered by the above physician.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date