



Lee County Parks & Recreation

"Physician Prescribed"

Medication Dispersal Release



This form is to be completed whenever a child is to receive any **physician prescribed medication** during a Lee County Parks & Recreation Program.

The parent will complete upper portion of the form. Form is valid for two months. If medication is to continue beyond that time, parent will resubmit additional forms. Staff will fill in date, time and signature/initial for each dose of medication administered on the Medication Use Log. Staff will follow Medication Administration Safety Checklist. When medication is finished, all paperwork will stay in the Medication Administration Notebook and kept confidential.

<u>Completed by Parent</u>	
Child's Name: _____	Date of Birth: _____
Medication: _____	Dosage: _____
Possible Side Effects: _____	
Route of Mediation (ex: oral, right eye, left ear): _____	
Medication to be given by staff each day:	
First Dosage (time and amount): _____	
Second Dosage (time and amount): _____	
When to call parent regarding symptoms or failure to respond to treatment: _____	

I hereby give permission for LCPR staff to administer this medication to my child,	
_____ according to the directions noted above.	
_____	_____
Parent's Signature	Date

- Any medications (including ear/eye drops) should be given to the Parks and Recreation staff in the **original prescribed container** with the participant's name, name of physician, and directions for dispersal on the label.
- Send only ONE day's supply of oral medication. All medication is disbursed through the Department of Children and Families (DCF) guidelines.
- Staff will only disperse the dosage listed on the label.



Lee County Parks & Recreation

"As Needed"

Medication Dispersal Release



This form is to be completed whenever a child is to receive a medication on an **"as needed"** basis during a Lee County Parks & Recreation Program.

Authorizing Physician is to complete this form whenever a child is to receive a medication on an "as needed" basis. Examples: inhalers, cough syrup, EpiPen, over-the-counter medication, etc.

Parent is to sign form to indicate their permission to follow the physician's instructions and forwards the completed form to the LCPR staff. Form is valid for two months. If medication is to continue beyond that time, parent will complete additional forms.

Staff will contact/inform parent if medication is administered. Follow Medication Administration Safety Checklist and fill in date, time and signature/initial for each dose of medication administered.

<u>Completed by Physician</u>		
Child's Name: _____	Date of Birth: _____	
Medical Conditions(s) of concern: _____		
When to use this medication (symptoms to watch for) _____		
Medication: _____	Dosage: _____	
Route (ex: oral, right eye, left ear): _____	Frequency: _____	
Possible Side Effects: _____		
Temporary program adaptations: _____		
When to call parent/physician regarding symptoms or failure to respond to treatment: _____		
When to consider that the condition requires urgent care: _____ _____		
Physician Signature	Date	Phone

I hereby give permission for LCPR staff to administer this medication to my child _____ according to the directions noted below.

___ (check here) If child is permitted to carry and self disperse life-saving medication such as asthma inhalers and Epi-pen (self injectable epinephrine).

Parent Signature

Date

- Any medications (including ear/eye drops) should be given to the Parks and Recreation staff in the original container with the participant's name, name of physician (if not over the counter medication), and directions for dispersal on the label.
- Send only ONE day's supply of oral medication. All medication is disbursed through the Department of Children and Families (DCF) guidelines.
- Staff will only disperse the dosage listed on the label.