

Thompson Recreation Commission Medication Policy

Connecticut State Law and Regulations (19a-79-9) requires a physician's or a dentist's written order and the parent guardian's written authorization in order for medication (including non-prescription medications) to be given. The medication will be given by a nurse or, in his or her absence, the director or a person who has been trained by a Connecticut licensed nurse or medical doctor.

The following procedures must be followed in order for your child to receive medication at day camp.

1. Your physician or dentist must fill out completely and sign the Physician or Dentist's Order section of our medical authorization form. If more than one medication is prescribed, a separate form must be completed for each medication.
2. Deliver the Physician Order and the medication to the Recreation Director of Camp Supervisor. Over-the-counter medication must be in the original container. Prescription medication must be in a pharmacy-prepared original container and labeled with:
 - Your child's name
 - Name of medication
 - Strength of medication
 - Dosage of medication
 - Frequency and time of administration
 - Physician's or dentist's name
 - Date of original prescription
 - Directions for administering medication
 - Name of pharmacy
 - Relevant side-effects
3. Complete and sign the Medication Authorization form, giving your permission for the medication to be administered by the nurse, or director, or other person who has been trained by a Connecticut certified nurse or doctor.
4. Refrigerated medication must be picked up each day and taken home. All other medications will be stored in a locked box in the camp vehicle or in a locked box in the storage closet in the Recreation office.
5. All medication will be destroyed according to state regulations if it is not picked up within one week following termination of the order.
6. All medications must be accompanied by appropriate administration utensil-for example: dropper, tube spoon or cup that is clearly marked with the dosage amount prescribed by you doctor. The calibration should specify "cc", "ml", "ounce", "teaspoon", "tablespoon", fractional teaspoon lines or fractional tablespoon lines. Please label the utensils with your child's name and, where possible, attach it to the medication bottle with an elastic or rubber

band. Place the medication and utensil in a bag that clearly identifies your child's name and age group.

7. Long-term medication orders must be updated every six months.
8. It is the responsibility of the parent to know the relevant side effects of the medication and to notify the proper person of any reaction your child might experience from the medication.
9. If your child exhibits any side effects or reactions when the medication is given at camp, the director will inform you. Additional medications will not be given without your written approval and that of your child's physician or dentist.

Please call the Recreation office at 923-9440 if you have any questions regarding our medication policy.

PRESCRIPTION MEDICATION POLICY REVIEW

- When your child requires medication during camp hours, you must do the following:
- Obtain a Medication Authorization Form from the Recreation office. This form must be completed and signed by your child's doctor; you must sign it as well.
- The medication must be in the original container prepared by the pharmacy. It must be properly labeled.
- You must supply the proper serving utensil

NON-PRESCRIPTION DRUGS, CREAMS, AND OINTMENTS POLICY REVIEW

- The parents may authorize use of over-the-counter creams, ointments, and lotions. No doctor's signature required.
- Any over-the-counter medication taken by mouth (i.e. Tylenol, Advil) requires the signature of your child's doctor.

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATIONS
BY CHILD CARE PERSONNEL**

If a Child Day Care center, Group Day home, or Family Day Care chooses to administer medications the Connecticut State Law and regulations require an authorized prescriber's written order and parent or guardian's authorization for a nurse, director, teacher, group or family day care provider to administer medications. Medications must be in a pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, authorized prescriber's name and date of original prescription. Over the counter medication must be in original container and labeled with the child's name.

Authorized Prescriber:

Name of child _____ Date medication ordered _____

Address _____ Date of Birth _____

Condition for which drug is being administered during daycare hours _____

Name, dose, time, method of administration _____
(specific instructions as to how medication should be given)

Medication shall be administered from _____ to _____

Relevant side effects to be observed, if any _____

If there are side effects, plan for management _____

Is this a controlled drug? _____

Allergies to food or drug? If YES, list _____

Does this medication have any negative interactions with food or drugs? If YES, list _____

Authorized Prescriber _____ Date _____

(type or print)

Address _____ Tel. _____

Authorized Prescriber's Signature _____

AUTHORIZATION BY PARENT/GUARDIAN FOR ADMINISTRATION OF THE ABOVE MEDICATION:

To day care nurse, director, teacher or group day care home provider:

I hereby request that the above medication, ordered by the authorized prescriber for my child, _____, be administered by the Nurse, Director or Teacher or Home Day Care Provider. I understand that I must supply the Child Day Care Center or Group Day Care Home with the prescribed medication in the original container dispensed and properly labeled by authorized prescriber or pharmacist. Over the counter medication shall be in the original container labeled by the parent with the child's name. I understand that this medication will be destroyed if it is not picked up within one week following the termination of the order.

I have administered at least one dose of the above medication to my child without adverse effects. Please circle . Yes or No

Parent/Guardian Name _____

Please type or print

Signature _____ Relationship to Child _____

Address _____ Telephone _____